

Volume I: Research Component

Understanding how young people grow up well despite early childhood adversity

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Thesis Overview

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctorate of Clinical Psychology at the School of Psychology, University of Birmingham.

This thesis consists of two volumes. Volume I of this thesis is divided into two papers. The first paper is a literature review that explored protective factors in the intergenerational cycle of child maltreatment. The paper is based on a previous review by Langeland and Dijkstra (1995) and critically evaluates the methodology of papers included in the review. The second paper is a piece of qualitative research using Interpretative Phenomenological Analysis to explore the lived experience of young people who witness domestic violence and what they draw from their sibling relationships in order to form resilience.

Volume II consists of five clinical practice reports to make up the clinical component of this thesis. The clinical practice reports describe clinical work carried out over the course of training. Firstly, the 'Psychological Models' report comprises of two formulations of the case of a 39-year-old lady with social anxiety using a cognitive behavioural and psychodynamic perspective. The second report is a single case experimental design carried out with a 25 year-old male with a diagnosis of obsessive-compulsive disorder and co-morbid depression. The third report is a service evaluation of how older adults access a primary care psychology service. The fourth report is a case study of a 16 year-old young man with Myalgic Encephalopathy and anxiety. The fifth report was an orally presented case study of a young man with Autism who engages in rumination, using a behavioural perspective. The abstract from this presentation is included.

Dedication

To my Gran and Mum for their inspiration.

To my family and friends, particularly Mum, Dad and Brian, to whom this work is dedicated to as without out their love, help, support, and words of wisdom I would not be where I am now. Thank you.

To all the young people I have worked with in order to produce this work.

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I would like to thank the young people who took part in this research; thank you for your time, courage, and for sharing your experiences with me. I have found your stories deeply moving and inspirational.

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I am also indebted to those who tried very hard to find young people who might be interested in taking part in the study, particularly members of staff at Women's Aid and Malachi for their enthusiasm and dedication.

Lastly, thank you to Dr Helen Rostill and Dr Louise Dixon for their perseverance, dedication, knowledge, and support in helping me to create this work.

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Literature Review

An examination of protective factors in the intergenerational cycle of child maltreatment: A review of empirical research.

Abstract

Background

This paper aims to determine the nature of protective factors that buffer the intergenerational cycle of child maltreatment at each level of an ecological model (Cicchetti & Lynch, 1993) by reviewing the findings of relevant and methodologically sound empirical literature.

Methods

Papers that reported factors which limited the transmission of intergenerational child maltreatment, reported on maltreatment, and were published since 1995 were included.

Papers were quality assessed according to methodological standards developed by Ertem, Leventhal and Dobbs (2000). A rating scale of low, fair and high was adopted.

Results

Ten papers met the inclusion criteria. The quality review showed eight studies were rated as moderate quality. Only two studies were rated at either extreme of the quality scale (low and high). The majority of studies tested factors at the ontogenic level of Cicchetti and Lynch's (1993) model.

Conclusions

Low levels of childhood maltreatment, childhood maltreatment accompanied by consistent parenting, high levels of social support, a secure income, and high levels of depression and Post Traumatic Stress Disorder (PTSD) were consistently reported as protective factors among the moderate and high quality studies. Whilst it is not clear which of these factors are the most important, it is clear that several factors are exerting a protective role in the intergenerational cycle of child maltreatment. Further areas of investigation and clinical implications associated with the findings are discussed.

Introduction

Government statistics show that at the end of March 2009 there had been 34,100 children and young people in England alone who had been subject to a Child Protection Plan for reasons of neglect, physical maltreatment, sexual abuse, and emotional abuse (Department for Children, Schools, and Families, 2009) . There were 547 000 referrals to Children's Services for Safeguarding Plans. These statistics only take account of those children who were formally referred to the authorities and were subject to a statutory process to protect them from risk of harm. They may not represent the full level of maltreatment as cases may go unreported. According to the document: *When to suspect child maltreatment* (Department of Health, 2009b), as many as 20% of the population have experienced some form of child maltreatment. These figures warrant an in-depth understanding of the associated phenomenon with a view to enhancing prevention and intervention strategies.

A considerable amount of literature is focused on the risk factors involved in intergenerational violence as opposed to protective factors. Understanding the nature of protective factors can be powerful, because knowing what can be used to stop the cycle as opposed to what precipitates it, might be more helpful when working with 'at risk' families. This review will identify the most important protective factors in order to inform clinical practice.

Risk factors

Much research has investigated factors that are associated with an increased risk of child maltreatment; commonly referred to as 'risk factors'. Examples of risk factors that have been determined are: the child's temperament, parent child attachment patterns, and low community support (Ertem, et al., 2000). In addition, the majority of this research has focused

on the increased risk of maltreatment perpetrated by parents who themselves have experienced maltreatment in childhood. This cycle of violence across generations is known as the intergenerational transmission of child maltreatment and will be the focus of this review.

Kaufman and Zigler (1987) and a more recent review from Oliver (1993) indicate that approximately one third of individuals maltreated as children then maltreat their own child(ren). From an alternative perspective, Oliver (1993) notes that one third do not maltreat their own child(ren), and the remaining third are vulnerable to harming their child(ren) if the environment is filled with various stressors. Despite the fact that the majority of maltreated individuals will not go onto repeat the cycle, the majority of research to date has been concerned with determining factors that encourage parents to continue the cycle. Such parents are referred to as Maintainers in the literature (Dixon, Browne, & Hamilton-Giachritsis, 2009). For instance, recent data has shown that Mexican women, who had been maltreated in childhood themselves were more likely to maltreat their own child(ren) than other mothers (Frias-Armenta, 2002). Evidence also shows that parents under the age of 21 years and those who have a history of experiencing mental illness/depression and live with a violent partner are at greater risk of maltreating their children (Dixon, Browne, & Hamilton-Giachritsis, 2005). Such knowledge can highlight which individuals are at risk of perpetuating child maltreatment and therefore whom limited resources should be targeted toward (Dixon, Browne, et al., 2005; Dixon, Hamilton-Giachritsis, & Browne, 2005).

The role of protective factors

Perhaps a more fruitful and certainly positive approach to understanding the intergenerational cycle of child maltreatment is to consider which protective factors are associated with the majority of people who manage to break the cycle. That is, those factors associated with a parent not going on to maltreat their child, despite the presence of other risk factors in their life. Examples of protective factors include access to social support and looking after the needs of oneself (Banyard, Williams, & Siegel, 2003). Such parents are referred to as Cycle Breakers in the literature (Dixon, et al., 2009). There are several reasons for exploring protective factors involved in the intergenerational transmission of child maltreatment. Firstly, much can be learned from this group (Blizard, 2006) which can guide prevention and intervention strategies. For example, the resources which Cycle Breakers have used to help them not repeat their experiences of childhood maltreatment can inform prevention and intervention strategies and reduce the number of parents who repeat intergenerational patterns of child maltreatment (Blizard, 2006). Secondly, knowledge of protective factors can be used to inform risk assessment strategies to identify families at risk of child maltreatment. The presence of protective factors may reduce risk levels and should be used to inform professional risk assessment and targeting of services (Dixon, Browne, et al., 2005; Dixon, Hamilton-Giachritsis, et al., 2005). Families who present with a degree of risk for potential maltreatment, but who also possess protective factors, may require less intensive intervention, potentially freeing scarce resources for families at higher risk. Additionally, those families with protective factors could be offered targeted interventions to strengthen and extend their protective nature. Thirdly, if professionals can understand how to strengthen protective factors in parents and prevent child maltreatment from occurring, there could be economic benefits for social and health services (Blizard, 2006).

Theories about the aetiology of child maltreatment

Langeland and Dijkstra (1995) carried out the most recent review of the literature on protective factors in the intergenerational cycle of child maltreatment. Since this review, it is apparent that a body of research has been carried out which has further explored factors that may buffer the intergenerational cycle of child maltreatment, albeit of varying methodological quality.

Ertem et al. (2000) have proposed standards by which the quality of research in this domain should be judged. For example, studies must ensure that parents participating in the research are given the opportunity to report their own childhood maltreatment in both experimental and control groups. Whilst Langeland and Dijkstra provided an interesting synthesis of pertinent protective factors evident in the lives of Cycle Breakers, they did not consider the quality of the literature on which they based their conclusions. Furthermore, they did not take into account any particular theoretical frameworks in the interpretation of their findings.

The aforementioned considerations have led to calls in the literature for more critical evaluation of the mechanisms associated with breaking the cycle of intergenerational child maltreatment (Egeland, Bosquet, & Chung, 2002; Ertem, et al., 2000; Kaufman & Zigler, 1987). There have been many theories or models that attempt to explain the patterns of child maltreatment and what leads parents to maltreat their own children. Many of these models focus on physical maltreatment and neglect (Hillson & Kupier, 1994). Few concentrate on sexual abuse, as this phenomenon is reportedly much different to that of physical

maltreatment and neglect. According to Hillson and Kuiper (1994), there have been three main advances in the development of current models of childhood maltreatment. The earliest models explained the aetiology of child maltreatment through a single mechanism, although this could come from: the parent, the child, or the environment. Second generation models then moved the theory on to discern that there could be multiple interacting causes exerting at any one time an influence (Belsky, 1980). Further developments of these models included adding factors that cause and moderate maltreatment (Cicchetti & Rizley, 1981).

Egeland et al. proposes that in order to understand fully the intergenerational cycle of child maltreatment, professionals need to conceptualise risk and protective factors within an ecological framework to insure all relevant factors are considered. Indeed, Ammerman (1990) criticises the majority of models for failing to explain how risk factors lead to the perpetration of child maltreatment and for failing to consider the effects of protective factors in this cycle.

Ecological Model of Child Maltreatment

Cicchetti and Lynch (1993) propose a useful ecological model which simplifies the wealth of findings for protective and risk factors in intergenerational child maltreatment (Egeland, et al., 2002; Langeland & Dijkstra, 1995). Several authors have commended studies that use this framework because it incorporates many aspects of the environment that contribute to the maltreatment of children (Ertem, et al., 2000). Four levels are detailed within the model; ontogenic development, the microsystem, exosystem, and macrosystem (Cicchetti & Lynch, 1993).

The ontogenic development level describes all factors that impact on the individual and their development. At this level protective factors include the secure attachment of a parent to their own parent, or the secure attachment formed between a parent and index child. Other protective factors include for example parent personality where the presence of an immature, self-focused, and angry personality increase the likelihood of violence being perpetuated. The psychopathology of a parent also impacts on the propensity to maltreat, so that parents who are depressed, for instance, are more likely to maltreat their children. The microsystem refers to the family environment that is most immediate to the child. Factors at this level can include the parental marital relationship, and the maltreatment of the child and of the parent in childhood. For instance the presence of parental violence can increase the risk of child maltreatment, and the lower the amount of maltreatment experienced by the parent in their childhood the less likely they are to maltreat their own children. The exosystem denotes the community level which the child and family interact with, or anything that influences the microsystem. This level focuses on the level of community involvement with the family and the involvement of the family with the community. For instance, a high level of support the child or family receive from the community can be included at this level as protective factors; this may involve therapy or support groups that are offered. Furthermore, low socioeconomic status, or income of the family, and finally a high level of violence in the community is focused on in this level of the model and the presence of these factors are viewed as risk factors. The macrosystem refers to the cultural aspects of the environment for instance the wider prevailing values and cultures of society that may influence other levels of the environment in which the child is in. Societal values held on violence have an impact on whether maltreatment is perpetrated on children and is tolerated; if society views maltreatment of children as acceptable these factors act as risk factors for child maltreatment.

On the other hand, society's lack of acceptance of child maltreatment or society's acceptance of victims sharing their experiences may act as a protective factor at this level (Finklehor & Jones, 2006).

Aim of the review

This review of the literature aims to synthesise findings of methodologically sound empirical research which have investigated the nature of protective factors associated with preventing the intergenerational cycle of child maltreatment at each level of the ecological model. Child maltreatment includes neglect, physical, sexual, and emotional maltreatment. To avoid repetition with a previous review on this topic, only papers published since 1995 will be considered for inclusion in this review.

Papers that meet the inclusion criteria for this review will be subject to a quality assessment, according to predetermined methodological standards (Ertem, et al., 2000). Those papers that are judged to be of a higher quality standard according to these parameters (Ertem, et al., 2000) will be taken as offering the best evidence for the protective factors they describe.

Method

Scoping Exercise

An initial search of the literature was completed to identify research and reviews within the area. Langeland and Dijkstra (1995) were identified as authors of a key paper which provided the only review to determine protective factors in the intergenerational cycle of child maltreatment since 1995. Terms within this paper and Ertem, et al., (2000) were then identified for use in a more complete search. A citation search, using Medline, was completed

to locate papers that had cited Langeland and Dijkstra (1995) and Ertem, et al., (2000). The search terms and databases that were used by these papers were noted.

Search Strategy

Search standards consisted of four themes: Child, abuse, intergeneration, and protective factors (see appendix I for complete list of terms). Each term in each theme was combined in the search strategy using ‘or’. Once these searches had been combined the four themes were then combined using ‘and’ in the search engine.

The search standards were used to identify papers using six databases:

PsycINFO (1995 – 2009), EMBASE 4 (1995 – 2009), MEDLINE (1995 – 2009), Web of Science (1995 – 2009), CSA databases (comprising: ASSIA, Pilots, Social Services Abstracts, and Sociological Abstracts) (1995 – 2009), and CINAHL (1995 – 2009). Free text or subject heading searches were used.

The reference sections of retrieved articles were searched manually for further applicable papers.

For further coverage and to obtain unpublished data, the authors of papers, with available contact details were approached by email and asked for in press articles. These included: Banyard, Travis, Belsky and Chen. These authors suggested two other authors whom they knew to be working within this field. These authors were then also approached by email and a further paper was identified for review.

Inclusion and exclusion standards

Studies were included in the review if they met the standards detailed in Table 1.

Table 1: Details of inclusion and exclusion standards for papers considered for review

Inclusion standards	Exclusion standards
Peer reviewed journal articles up to July 2009	Papers published prior to 1995
Papers that reported factors that stop the transmission of child maltreatment between the generations	Papers not published in English
Papers that focus on any form of child maltreatment including neglect, physical, sexual, and emotional maltreatment	Papers that did not include empirical investigations
Papers that focused on any protective factors at the ontogenic, microsystem, exosystem, and macrosystem levels	Unpublished literature
Papers that measured child maltreatment as an outcome	Papers reporting data on risk factors in the cycle of intergenerational child maltreatment
	Papers that used potential to maltreat as an outcome
	Qualitative papers

Filtering

Searches of the six databases yielded 340 references in total (see appendix II). After removing duplicates and studies that did not meet inclusion standards, eleven remained. Completing a hand search of the reference list of each of these eleven papers yielded a further two papers. Contacting the authors of retrieved papers yielded one further paper that met the inclusion

standards. A further four papers were excluded due to the outcome of child maltreatment being measured as potential to maltreat and not actual maltreatment as an outcome. This gave a total of ten papers that have been included in this review. Figure 1 provides a diagrammatic representation of this information for clarity.

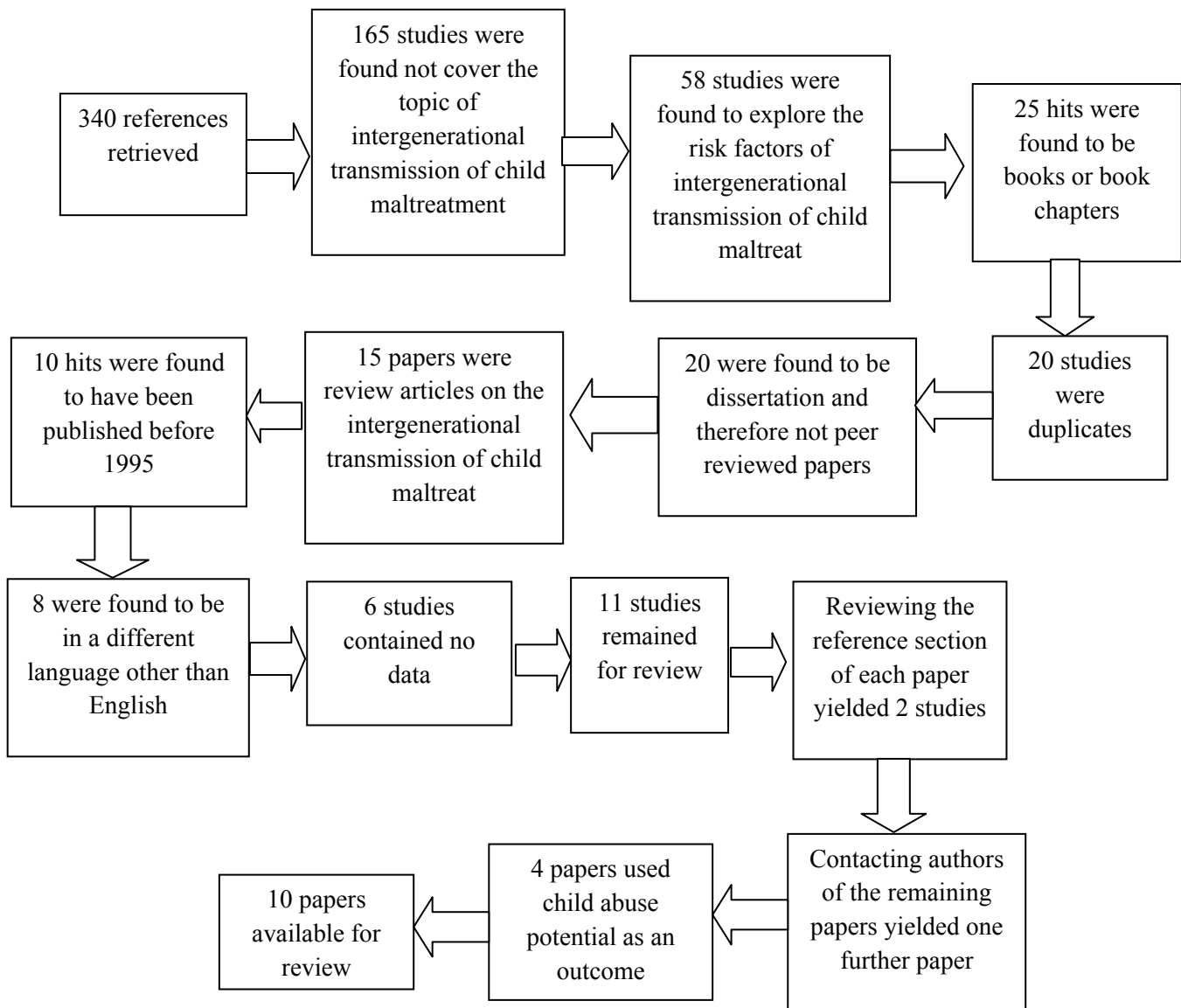


Figure 1: A flow chart to show and summarise the search for papers.

Data extraction

A summary sheet was designed and used to extract the key points and findings from the papers (please see appendix III).

Results

Description of the studies

Table 2 provides a summary of the papers included in this review. It details methodology of studies, protective factors identified by each study and the level of Cichetti and Lynch's (1993) ecological model that they are each situated. A written summary is given below to provide further details and an overview of the studies.

Participants. Of ten papers, four reported the age range of participants; ages ranged from 12 years to 47.6 years. Seven papers reported the average age of participants, and the average age of participants across all the studies was 29.55 years. Dixon et al., (2009) report the frequency of mothers or partners under the age of 21 years, whilst Travis and Combs-Orme (2007) report the frequency of participants within three age ranges.

Seven papers recruited only mothers, whereas three included fathers and mothers in their sample (Dixon, et al., 2009; Pears & Capaldi, 2001; Wilkes, 2002).

The ethnicity of participants is described by all of the papers. Four studies recruited participants where the majority of the parents were of African American origin (Banyard, et al., 2003; Coohey & Braun, 1997; Leifer, Kilbane, & Kalick, 2004; Zuravin, McMillen, DePanfilis, & RisleyCurtiss, 1996); five included a majority of Caucasian or White participants (Egeland & Susman-Stillman, 1996; Pears & Capaldi, 2001; Phelps, Belsky, &

Crnic, 1998; Travis & Combs-Orme, 2007; Wilkes, 2002). Dixon et al., (2009) report the ethnicity of the children included in the study to be most frequently White.

Country of origin. Nine out of the ten studies reviewed were conducted in the USA. The study by Dixon, et al., (2009) was completed in the United Kingdom.

Recruitment. In four of the papers, authors employed participants who had already been recruited for a previous study. Other methods of recruitment included: Health Visitors carrying out a Primary Contact Visit (Dixon, et al., 2009), those who attended a hospital (Leifer, et al., 2004), those who announced the birth of their son in the local community (Phelps, et al., 1998), mothers in a Mother and Baby Unit (Travis & Combs-Orme, 2007), TV and newspaper advertisements (Wilkes, 2002), and finally mothers attending parenting classes and or who's children attended public school (Coohey & Braun, 1997).

Inclusion criteria. All ten papers required participants to have a child. Three of the ten papers used maltreatment of parents as inclusion criteria (Egeland & Susman-Stillman, 1996; Wilkes, 2002; Zuravin, et al., 1996). Other inclusion criteria included a prior experience of child sexual abuse for the parent (Banyard, et al., 2003), biological mothers attending a hospital (Leifer, et al., 2004), the index child being male and presence of at least one parent from birth to the 18th birthday (Pears & Capaldi, 2001), clear categorisation of participants into groups (Phelps, et al., 1998). Travis and Combs-Orme (2007) included only healthy mothers who were in a Mother and Baby Unit and their child had survived, and the mother retained custody of the child.

Sample size. Sample sizes ranged from 20 (Wilkes, 2002) to 4351 (Dixon et al., 2009). The median sample size for the ten papers was calculated as 174.

Design. All ten papers were of a quantitative nature using interviews and standardised measures to obtain the data. Six of the studies used a retrospective, case-control, observational design (Banyard, et al., 2003; Coohey & Braun, 1997; Egeland & Susman-Stillman, 1996; Leifer, et al., 2004; Phelps, et al., 1998; Zuravin, et al., 1996). Two studies used a longitudinal, prospective, cohort design (Dixon, et al., 2009; Travis & Combs-Orme, 2007). Pears and Capaldi (2001) used a prospective, longitudinal, multi-informants, cohort design. Finally, Wilkes (2002) was the only author to publish a pilot study.

Comparison groups were used by most of the authors. Wilkes (2002) was the only author not to include a comparison group. There were three types of comparison groups used. Firstly, some authors recruited comparison participants who had reported maltreatment in their childhood but had not reported maltreating their own child(ren) (Coohey & Braun, 1997; Egeland & Susman-Stillman, 1996; Pears & Capaldi, 2001; Zuravin, et al., 1996). Secondly, three authors grouped participants into four categories (Dixon, et al., 2009; Leifer, et al., 2004; Travis & Combs-Orme, 2007): those who had been maltreated and then went on to maltreat their own child(ren) (Maintainers), those who had been maltreated but did not maltreat their own child(ren) (Cycle Breakers), those who were not maltreated in childhood but maltreated their child(ren) (Initiators), and those where the first and second generation had not been maltreated (Controls).

Methods. There was a varying mix of methods used to ascertain the findings. The methods incorporated the use of interviews with the parent, observations of the parent with their child(ren), the use of standardised measures and scales, and looking at Child Protection Registers to establish status of child maltreatment by the parents recruited to the study. Three studies used the combination of interview and standardised measures and scales (Banyard, et al., 2003; Leifer, et al., 2004; Zuravin, et al., 1996). Dixon et al., (2009) used all of the above

but also added a review of the Child Protection Register. Two studies used interviews, scales, and observations (Egeland & Susman-Stillman, 1996; Pears & Capaldi, 2001), two used the combination of scales and observations (Phelps, et al., 1998; Travis & Combs-Orme, 2007), and two applied standardised scales and measures only (Coohey & Braun, 1997; Wilkes, 2002).

Table 2: Summary of papers that examined protective factors associated with the continuation of intergenerational child maltreatment

Study origin and Author	Sample			Inclusion criteria	Design	Outcome measure
	Nature	Gender	Age range			
Coohey and Braun (1997)	<u>Experimental group</u>	100% female		Cases were mums who were classified as physically abusive and neglectful towards their children.	Retrospective case control, observational design.	<ul style="list-style-type: none"> • Conflict Tactics Scale (CTS) to assess whether control mothers had physically maltreated her own children. • Exposure to aggression of mother both in childhood and adulthood. • Stressful Life Events Scale (SLES) measures exposure to in the past year. • Access to resources of support both practical help and emotional support
USA	Parents recruited from parenting class. (n=81)	100% female				
	<u>Comparison group</u>					
	School based sample, no previous involvement with Child Protection Services, no child maltreatment in the last year (n=148)					
Wilkes (2002)	<u>Experimental group</u>	90% female, 10% male		Parental self report of childhood maltreatment.	Pilot study. Quantitative observational	<ul style="list-style-type: none"> • Conceptual Change Questionnaire (CCQ) – measures parental childhood maltreatment • Locus of Control Inventory
USA	Parents recruited from the community					
				Parents. Free from drug		<ul style="list-style-type: none"> • BarOn Emotional Quotient Inventory – this is a self report measure summarising a participant's emotional, personal,

	(N=20)		and alcohol abuse.	design.	and social intelligence
	<u>Comparison group</u>				<ul style="list-style-type: none"> Inventory of Small Life Events (ISLE) records events that have occurred in the participant's life and emotional impact in the past year
	No comparison group		Have not engaged in therapy for more than one year.		
Travis and Combs-Orme (2007)	<u>Experimental group</u>	100% female	Mothers of a child who survived and was well.	Prospective longitudinal cohort design.	<ul style="list-style-type: none"> Parental self report on parenting received by mothers Parental Bonding Instrument (PBI) to measure parental self report of perception of their bonding with their caregivers
USA	Mothers on a mother and baby unit (n=48)	100% female	Mothers retained custody of their baby.		<ul style="list-style-type: none"> Young Adult Self Report (YASR) – to measure adaptive functioning and psychological adjustment of parent Parenting Stress Index (PSI) to assess parental stress Home Observation for Measurement of the Environment (HOME) – observation of parenting Life Events Inventory to measure total parental life stress
	<u>Comparison group</u>				
	Mothers on a mother and baby unit		Mothers who themselves were not ill, psychotic, or had a learning disability.		
	Three groups: positive-adaptive (n=62), positive-maladaptive (n=49), and vulnerable (n=51).				

Phelps, Belsky, and Crinic (1998)	<u>Experimental group</u> Parents (n=23)	100% female	20 -41	Mothers of first born sons.	Cross sectional, observational design, case control design.	<ul style="list-style-type: none"> • Adult Attachment Interview (AAI) to measure parental attachment to own mother, retrospective self-report • Observations of parenting behaviours • Parenting Daily Hassles Measure and Daily Hassles Scale for parental self report of stress
USA	<u>Comparison group</u> Continuous secures (n=37) and insecure (n=37).	100% female		Clear attachment style of parent to their own parent.		
Pears and Capaldi (2001)	<u>Experimental group</u> Parents (n=48)	106 = female		Male child.	Prospective, longitudinal, multiple-informants cohort design.	<ul style="list-style-type: none"> • Assessing Environment III Questionnaire (AE – III) used to measure parental childhood maltreatment • Modified AE – III to assess parental maltreatment of their child • Socioeconomic Status (SES) was assessed using average annual household income and <i>M</i> parental Hollingshead score
USA	<u>Comparison group</u> Parents (n=61)	73 = male		Biological parent and present through the child's 18 th year.		<ul style="list-style-type: none"> • Age at birth of first child • Multiphasic Personality Inventory (MMPI) to measure parental antisocial behaviour and PTSD • Substance use • Centre for Epidemiologic Studies of Depression Scale (CES-D) to measure parental depression

Leifer, Kilbane, and Kalick (2004)	<u>Experimental group</u>	100% female	19 - 40	Attended a hospital.	Retrospective, case control, observational design.	<ul style="list-style-type: none"> Consistency of parental discipline measured through observations and parental self report Continuity of care composite score to measure the parental childhood disruption of attachments Parental adult maltreat history Parental negative outcomes in relationships composite score Relationship Style Questionnaire (RSQ) to measure attachment style in adulthood Maternal Attachment Questionnaire (MAQ)- self report measure of attachment style of mother to child Trauma Symptom Checklist (TSC – 40) measurement of parental symptoms of trauma Sexual abuse status of child according to state protective agency.
	Parents (n=100)			Biological children of the mother.		
USA	<u>Comparison group</u>	100% female		Mother and children had no major illnesses.		
	Parents (n=96)			Sexual abuse cases.		
Dixon et al., (2009)	<u>Experimental group</u>			Families with a newborn child between 1 st April 1995 and 30 th June 1998 in Southend-on-Sea, Essex, England.	Longitudinal, prospective cohort study.	<ul style="list-style-type: none"> Parent self report of childhood sexual and/or physical maltreatment Index of Need (IoN) for risk factors for child maltreatment Health Visitor observations of parenting styles Record of child reported to Child Protection Services during 1st year of life
	Parents					
UK	Cycle Breaker (n=126), Maintainers (n=9), Initiators (n=18)					
	<u>Comparison</u>					

	<u>group</u>					
	Parents (n=4198)					
Banyard et al., (2003)	<u>Experimental group</u>	100% female		Parent self-report of childhood history of sexual maltreatment.	Exploratory paper.	<ul style="list-style-type: none"> • Parent self report of childhood sexual maltreat • CTS to measure parental childhood history of physical maltreatment
USA	Parents (n=152)	100% female			Retrospective, case control, observational design.	<ul style="list-style-type: none"> • Parent self report of witnessing maltreatment in childhood • Modified CTS to measure partner violence in adulthood • Parent self report of adult sexual assault • Depression section of Trauma Symptom Inventory (TSI) to measure maternal depression • Parent self report of protective factors: social support, age of parenting, spirituality • Parenting outcomes: CTS to measure parent physical maltreatment of their children, parent self report of parenting satisfaction (behaviour of child, their parenting, relationship with children, and family life), CTSPC Neglect Scale to measure parent neglect of own child, and parent self report of child maltreatment of their children
	<u>Comparison group</u>					
	Parents					
Egeland and Susman-Stillman (1996)	<u>Experimental group</u>	100% female	12 - 37	Parent self-report of childhood history of physical, sexual maltreatment,	Retrospective, case control, observational design.	<ul style="list-style-type: none"> • Home and laboratory observations of child rearing practices and maternal attitudes to ascertain parent child maltreatment of own child • Dissociative process variables – interviewer rated on parents' responses to questions relating to the care received childhood
	<u>Comparison group</u>	100% female				

USA	<u>group</u>			and/or neglect.		<ul style="list-style-type: none"> • Dissociative Experience Scale (DES) – self report measure for dissociative symptoms • Shipley Hartford Scale to assess Maternal IQ
	Parents (n=14)					
Zuravin, McMillen, DePanfilis, and Risley- Curtiss (1996)	<u>Experimental group</u> Parents (n=237) <u>Comparison group</u>	100% female 100% female	19.5 – 47.6	Parent self- report of parental childhood history of physical, sexual maltreatment, and/or neglect.	Retrospec tive, case control, observatio nal design.	<ul style="list-style-type: none"> • Parent self report of childhood maltreatment • Parent report of child maltreatment of their children • Michigan Screening Profile of Parenting (MSP) of Parenting to assess parent-child attachment quality
USA	Parents (n=281)					

All measures cited are included in the reference section

Methodological critique

Origins of quality standards. The methodological quality of each study was assessed using the standards described in by Ertem et al., (2000). The standards were generated using a hypothetical model of the intergenerational cycle of child maltreatment, which could then be investigated using a randomised control trial design. It would be difficult to implement such a design due to the complexities of the requirement for a randomised control trial in combination with nature of the subject under investigation. However, a randomised control trial is deemed to be the gold standard for the design of studies and therefore Ertem et al., (2000) developed methodological standards that could be aspired to by studies within the field of intergenerational cycle of child maltreatment. Furthermore, these standards are utilized here as they can be easily applied to analyse the papers in this review due to their nature and concise number providing a clear overview of the methodological quality of each paper.

The eight standards are described briefly in Table 3, see Ertem et al., (2000) for more details.

Table 3: Description of Ertem et al., (2000) methodological standards (MS)

Standard	Description
MS 1 – equal demographics and clinical susceptibility.	Controlling for other factors that might affect the conclusion that can be drawn, for example demographic factors. Studies were judged highly if they recorded demographic information and this was controlled for within the analysis or at the methodological level.
MS 2 – clear description of maltreatment.	Consistent treatment of first generation. Studies were judged highly if they explored the type and severity of maltreatment that was experienced by the first generation to ascertain whether this was consistent.
MS 3 – avoidance of recall and detection bias	Studies were judged to be of a high standard if self-report was not used, eliminating the biases of recall and the desire to manage other's view of them as parents; studies were deemed not to be affected by this if they collected data on the status of the parent before the status of the child's maltreatment. Studies that masked the researcher to group membership of a participant's child whilst ascertaining group membership of the parent were deemed to be meeting this standard.
MS 4 – ensure non-maltreatment of control group.	Ensuring non-maltreatment of controls. This was judged to have been met if studies gave participants in the control group the same opportunity to report any incidents of maltreatment in their childhood as cases.
MS 5 - clear definition of outcome.	Ascertaining maltreatment status of the child. Studies that gave clear criteria for the allocation of group membership of each child in order to ascertain maltreatment status were judged to be of a high standard.
MS 6 – equal surveillance of both groups for the outcome event.	Studies were judged to meet this criterion if they allowed for an equal amount of time to follow-up both cases and controls and the researchers ascertaining group membership for the child were blinded to the group membership of the parent.
MS 7 – adequate control for intervening variables.	Focus on the intervening factors in the time elapsed between the parent's childhood and parenthood. Within this time frame there may be many other factors that might also contribute to the maltreatment of their children other than their own experiences of maltreatment in childhood. Studies that attended to these possible factors through the design of the study or statistical means were judged to be of a high standard.
MS 8 – clear description of person who abused G2	Studies that ascertained the identity of the perpetrator of the child's maltreatment to be their parent were deemed to be of a high methodological level.

Application of standards for current review. Ertem et al's standards have been adapted for the purpose of this review by the introduction of numerical ratings to aid data analysis. A rating of 0 indicates no evidence available for the relevant feature; 1 indicates partial evidence for the relevant feature; 2 indicates definite evidence for the relevant feature in the study. Ratings are out of a total of 16 for each study, the ratings for each of the 8 standards are summed to provide a total quality rating. Table 4 presents a summary of the quality analysis.

Table 4: Summary of methodology standards and ratings for each paper.

Quality criteria	Study									
	Banyard et al., (2003)	Coohey and Baum (1997)	Dixon et al., (2009)	Egeland and Susman-Stillman (1996)	Leifer et al., (2004)	Pears and Capaldi (2001)	Phelps et al., (1998)	Travis and Combs – Orme (2007)	Wilkes (2002)	Zuravin et al., (1996)
MS 1 – equal demographics and clinical susceptibility.	2	1	0	0	1	2	0	1	1	0
MS 2 – clear description of maltreatment.	2	2	1	2	2	2	1	0	2	2
MS 3 – avoidance of recall and detection bias	0	0	1	1	1	2	2	1	1	2
MS 4 – ensure non-maltreatment of control group.	1	2	2	2	1	2	2	2	0	2
MS 5 - clear definition of outcome.	2	2	2	2	2	2	1	1	0	1
MS 6 – equal surveillance of both groups for the outcome event.	1	0	1	1	1	1	1	1	0	1
MS 7 – adequate control for intervening variables.	1	1	1	0	0	1	0	1	0	0
MS 8 – clear description	1	2	1	2	2	2	2	2	0	1

of person who abused G2										
Total (out of a possible score of 16)	10	10	9	10	10	14	9	9	4	9
Rank order of the papers according to the eight standards	2	2	3	2	2	1	3	3	4	3

Most commonly the quality of the research methodology is of a moderate level. Eight of the papers scored between nine and ten out of 16. One paper was classified as high quality (Pears & Capaldi, 2001) and one as low quality (Wilkes, 2002). However, it is important to note that these standards are high and would be difficult to follow in practice.

Summary of findings of each paper

Table 5: Summary of findings at each level of the ecological model

Low quality (n = 1)	<ul style="list-style-type: none"> • Believing that maltreatment is not wrong • External locus of control • Adaptive Coping strategies 			
(Wilkes, 2002)				
Study	Ontogenic	Microsystem	Exosystem	Macrosystem
High quality (n = 1)	<ul style="list-style-type: none"> • High levels of childhood maltreatment accompanied by consistent parenting • High levels of depression and PTSD 	<ul style="list-style-type: none"> • Less severe history of childhood maltreatment 		
(Pears & Capaldi, 2001)				
Moderate quality (n = 8)	<ul style="list-style-type: none"> • Secure Attachment (8) • Low levels of dissociation (4) • Taking care of one's own needs (1) • Less disruption to childhood relationships (5) • Having more secure adult relationships (5) • Use of fewer substances (drugs and alcohol) (5,7) • Fewer trauma related symptoms (5) • Healthier outcomes from childhood maltreatment (5) • Having a coherent view and recollection of the experiences of childhood. (4, 6) • Parenting distress (feeling capable of parenting, low levels of depression, and limitations on the individual as a result of being a parent) (7) • To perceive their children as being less difficult (7) 	<ul style="list-style-type: none"> • Low severity of childhood maltreatment (8) • Low frequency of childhood maltreatment (5, 8) • Good emotional resources (2) 	<ul style="list-style-type: none"> • Social support (1, 3, 7) • Satisfaction with friendships (1) • Financial stability (3, 7) • Low stress (2, 7) • Positive interactions with children (1) 	
Banyard et al., (2003) (1)				
Coohey and Baum (1997) (2)				
Dixon et al., (2009) (3)				
Egeland and Susman-Stillman (1996) (4)				
Leifer et al., (2004) (5)				
Phelps et al., (1998) (6)				
Travis and Combs Orme (2007) (7)				
Zuravin et al., (1996)(8)				

(number) refers to the number that has been used to label each paper as presented in the first column

Table 5 summarises the findings of papers at each ecological level. The ontogenic level was studied most frequently with the macrosystem not being studied by the papers reviewed here.

Discussion

This review synthesised findings from methodologically sound empirical research investigating the nature of protective factors in the intergenerational cycle of child maltreatment. Findings are structured according to the quality of methodology and the level of the ecological model at which they are situated.

Summary of key review findings

Ontogenic level. Papers of a high and moderate quality of methodology frequently studied factors at the ontogenic level (Table 5). Thirteen factors were studied in total at this level across such studies. Consistent parenting and high levels of depression and PTSD were found to be protective in a high methodological quality study (Pears & Capaldi, 2001).

The study by Pears and Capaldi (2001) has a prospective, longitudinal, multiple-informant, cohort design. The study measured the level of the parent's: childhood maltreatment, income, substance use, antisocial behaviour, PTSD, depression, and consistency of parental discipline. A group of males and their biological parents took part. The parents had to have been present throughout the childhood, of the male child, up to the age of 18 years old in order to be eligible to take part.

The style and type of relationships throughout a parent's life were explored by papers achieving moderate methodological quality. The participants in the study by Leifer et al., (2004) who were judged to be Cycle Breakers were found to have significantly less disruption in childhood relationships, a greater number of years living with their biological mother, more secure attachments as adults, and fewer negative outcomes of their romantic relationships as adults. Furthermore, attachment was found to be protective (Zuravin, et al., 1996) so that secure attachments developed in childhood led to a decrease in the likelihood of the transmission of child maltreatment.

A parent having a coherent view and recollection of their childhood experiences was explored by two papers of moderate quality. Parents with low levels of dissociation, as measured by Egeland and Susman-Stillman (1996) with the DES a self report measure, defined Cycle Breakers from Maintainers. Egeland and Susman-Stillman (1996) concluded that if parents accepted their experiences of maltreatment this protected them from transmitting the violence they experienced to their own children. This was also found by Langeland and Dijkstra (1995). Phelps et al., (1998) have expanded upon this with data collected from mothers of first born sons. They found that having a coherent view of childhood experiences reduced the likelihood of parents maltreating children in high stress situations. Thus having an incoherent view of childhood acts as a diathesis, so that when parents are in situations of high stress they are vulnerable to perpetuating child maltreatment.

Coping strategies of parents, such as use of fewer substances and seeking to meet one's own needs, as measured by self-report were also found to be protective factors (Banyard, et al.,

2003; Leifer, et al., 2004; Travis & Combs-Orme, 2007). Furthermore, Leifer et al., (2004) showed that factors such: as experiencing fewer trauma symptoms, and having healthier outcomes from the maltreatment they experienced in childhood, were protective.

Finally, two other protective factors highlighted in this review were a parent viewing their child as being less difficult and experiencing lower levels of parenting distress (Travis & Combs-Orme, 2007). Parenting distress was defined as parents feeling capable of parenting, low levels of depression, and limitations on the individual as a result of their parental role. However, the finding by Travis and Combs-Orme (2007) with the use of observations of parenting by mothers in their home environment showed that low levels of depression were protective is contrary to the findings of Pears and Capaldi (2001) where high levels of depression were protective. Pears and Capaldi (2001) is a study of higher quality and therefore more robust findings. However, the findings of this study are counter-intuitive. The findings indicate that a parent who is more depressed, and therefore withdrawn, is less likely to maltreat their child, but being withdrawn may mean that the parent is less able to meet the emotional needs of the child. This has implications for services in treating a parent's depression and PTSD as treatment may have a negative impact on the children, but may be detrimental to the parent. Furthermore, this counter-intuitive finding may point to the limitation of the measures used in the study.

Microsystem Level. Three factors were studied at the microsystem level. One factor, severity of history of childhood maltreatment, was explored by the study obtaining the highest methodological rating. Findings suggest that the lower the severity and frequency of

maltreatment in the parents' own childhood the less likely they were to maltreat their own children (Leifer, et al., 2004; Pears & Capaldi, 2001; Zuravin, et al., 1996). Leifer et al., (2004) and Pears and Capaldi (2001) used measures of parental maltreatment of their own children that in addition to self-report; observations of parents with their children and information from governmental organisations regarding the maltreatment status of a child were also used.

The moderating role of severity of childhood maltreatment was found by Pears and Capaldi (2001). Less severe forms of maltreatment was clarified to mean experiencing maltreatment that led to one or more injuries of a physical nature (Pears & Capaldi, 2001). The paper by Zuravin et al., (1996), a paper of moderate methodology quality, showed that a mother who experienced a less severe form of sexual abuse than intercourse was less likely to maltreat her child.

In addition, Zuravin et al., (1996) and Leifer et al., (2004) explored the frequency of childhood maltreatment experienced by mothers. It was found that a greater frequency of maltreatment experienced by the parent in childhood increased the likelihood of maintaining the cycle of child maltreatment.

Having experience of childhood maltreatment has been historically viewed as a risk factor for continuing the cycle of child maltreatment. Kaufman and Zigler (1987) introduced the idea that being maltreated does not inevitably lead to perpetration of child maltreatment in adulthood. Indeed, protective factors that coincide with maltreatment and subtleties of the

maltreatment itself are important considerations. Low frequency and severity of maltreatment is described here as protective. However, what was noted from these papers is the difficulties in defining low frequency and severity of childhood maltreatment. All three papers that explored this phenomenon commented on the difficulties in defining cut offs and used rough guidelines (Leifer, et al., 2004; Pears & Capaldi, 2001; Zuravin, et al., 1996). The definitions used in these papers to define frequency are that those who were maltreated once were considered as experiencing low frequency maltreatment, and those who were maltreated more than once were considered to be in the high maltreatment category. Severity is defined by those who experienced one injury being classed in the low severity group, with those who had more than one injury, or in the case of sexual abuse, intercourse, classed as being in the high severity category. This means that a mother who experienced two instances of maltreatment or two injuries is placed within the same category as a mother who experienced 50 episodes of maltreatment and 50 injuries. This seems illogical and does not reflect the actual nature of maltreatment, meaning that both these mothers are deemed to be at the same level of risk for future maltreatment.

A further point to consider at this level is the amount of emotional support received in adulthood by mothers who have been maltreated. The paper by Coohey and Braun (1997) explored both the type of support received and the person that this is received from. They concluded that mothers who received help and support at an emotional level were less likely to physically maltreat their own children. Emotional support was defined as being listened to, help with decision making, and spending time with someone. This finding fits with previous findings that suggested that emotional support received by the parent from someone close to them was a protective factor (Langeland & Dijkstra, 1995).

Exosystem level. Five factors were studied at this level. Factors at this level are listed as follows and have been commented upon by papers of a moderate quality of methodology: community support offered to the family (Banyard, et al., 2003; Dixon, et al., 2009) was found to be protective and confirmed the previous finding from the review carried out by Langeland and Dijkstra (1995). Secondly, financial security of the family was found to be protective (Dixon, et al., 2009). Travis and Combs-Orme (2007) and Coohy and Braun (1997) extended this finding by exploring the impact of income on stress so that stable income led to a reduction in stress of the parent and subsequently a reduction in the likelihood of a repetition of patterns.

Finally, parental satisfaction with friendships, low levels of stress, and positive interactions with their children (Travis & Combs-Orme, 2007) are studied less frequently than factors of social support and financial stability and therefore it is more difficult to draw conclusions from these findings.

Macrosystem level. This review found no papers with data that explored factors at this level of Cicchetti and Lynch's (1993) model; therefore, no conclusions can be drawn. Finklehor and Jones (2006) write about suggested areas of cultural changes, which have occurred since the 1990s in the United States that may account for a decline in the incidence of child maltreatment and may be considered to be protective factors. For example, there have been changes in social attitudes towards child maltreatment so that it is now widely judged to be unacceptable meaning parents are less likely to maltreat their children. Additionally society

is more willing to allow victims of childhood maltreatment to voice their experiences, which in turn leads society to be more aware of its existence.

The literature that has been reviewed here, which has been published since Langeland and Dijkstra reviewed the literature in 1995, both confirms their findings and adds further insight into the protective factors that are involved in the intergenerational cycle of child maltreatment. Langeland and Dijkstra (1995) concluded that high levels of emotional and social support, financial security, and low levels of frequency and severity of parental childhood maltreatment are all protective factors that limit the perpetuation of the cycle of intergenerational maltreatment. They also discussed the limited involvement of fathers in the studies that have been carried out, an observation that has also been discussed in this review in a section below. The literature published since 1995 adds further information to the factors discussed by Langeland and Dijkstra (1995), and also introduces new factors. For example new factors discussed in the literature since 1995 include: high levels of depression and/or PTSD in the parent (Pears & Capaldi, 2001); parental coping strategies, for instance use of substances; low levels of parenting distress; and positive interactions with their children, are all factors that have been found to be protective. Factors discussed by Langeland and Dijkstra (1995) that have been explored further since their review include the nature of the relationship between the parent and their own parent; this review highlights that a secure attachment is protective.

Theoretical and clinical implications

In terms of finding support for the ecological/transactional model of community violence and child maltreatment (Cicchetti & Lynch, 1993), there is abundant evidence for the ontogenic level of the model and limited evidence for the macrosystem and exosystem levels

due to a limited number of factors explored in current research and the poorer quality of evidence.

At present, there is work undertaken in the UK to predict and prevent child maltreatment through early detection and interventions. Consideration of how the findings of this review may contribute to this process is now given.

Screening tools are used by community practitioners to identify parents and young children who are at risk of harm as well as to identify resources that could be offered. The Child Assessment Rating and Evaluation (CARE) Screening Programme (Hamilton & Browne, 2002) is a risk factor check list used by health visitors in primary care services and focuses on identifying risk. It looks at the mental health history of the parent, their use of drugs and alcohol, feelings of isolation, financial problems, and parental history of childhood maltreatment to name but a few factors. However, this tool could be extended to include protective factors. For example, the tool could explore the severity and frequency of parental history of childhood maltreatment to identify those who experienced lower frequency and severity of maltreatment. Furthermore, those who experienced consistent parenting in conjunction to maltreatment could also be identified and classed as less of a risk. However, in the current climate of safeguarding children clinicians would tend to be cautious in making these decisions especially as it is difficult to make such an assessment. In fact Dixon et al., (2009) comment that by not taking protective factors into account the risk assessment tools have a higher rate of false positives, so that Cycle Breakers are identified as Maintainers, therefore this would suggest that it is important to incorporate protective factors into such assessment tools.

Services could target finite resources more effectively by identifying those who have more protective factors and might be at less risk. Furthermore, the identification of those factors, which could be resolved easily and at a lower cost, could be targeted first. For example financial stability and social support are identified as protective factors and could be cost effective measures to reduce risk if they were focused upon. However, the current economic climate is such that services that offer mothers social support and assistance with finances, e.g. Sure Start, are being cut.

The Healthy Child Programme (HCP) (Department of Health, 2009a) and the Common Assessment Framework (CAF) (Department for Children, Schools and Families, 2006) are two frameworks that are used across the UK for all families, with additional services being offered to those with identified risks and needs. The HCP is a new service that looks to the protective factors that might be present for a young child in relation to potential maltreatment. The CAF has been used since 2006 to identify the resources offered to children considered to be at risk or in need. Both frameworks do highlight the need to assess for protective factors but do not give any specifics. These frameworks could therefore be supplemented with the incorporation of the factors found to be protective by this review. Training clinicians to identify protective factors would be an important part of incorporating their use into such frameworks. The aim would be to encourage practitioners to consider protective factors at assessment. This could be achieved through highlighting the need to assess for such factors by explaining the rationale behind their inclusion, which could entail a brief description of the literature on protective factors. Training then may focus on exploring ways to ask in depth questions about, for example the severity and frequency of parental childhood maltreatment they experienced and the style of parenting received in conjunction with this maltreatment.

Role-plays might be one form of training that could be used to practise asking such questions. The training might then be followed up with a session to check their understanding and learning from the first session. In the long-term, a system of supervision could be set up so that when frontline clinicians are unsure of the impact of a protective factor for a mother their judgement of a mother's overall risk of child maltreatment could be checked. Much of the research in this field, as discussed in this review, does not define the parameters of protective factors to an extent that could be put into practise and therefore more targeted questions are not suggested here. More research would be needed before protective factors could be used to their full extent in assessment frameworks. Psychometric tests could be used; however these would take time and training in order to apply these appropriately.

Intervention work can take two forms: work to prevent children from maltreatment, and work to help children affected by maltreatment.

Interventions that are used with parents to prevent the continuation of the child maltreatment include the Nurse-Family Partnership Programme, as used by the HCP (Department of Health, 2009a). Triple P Positive Parenting Programme (Sanders, 1999) and will be considered here in terms of whether they work to strengthen protective factors. The Nurse-Family Partnership Programme involves nurses visiting parents from pregnancy through to the child's second birthday and developing as close working relationships with the mother and encouraging them to develop healthier lifestyles, enhancing their parenting skills, and the ability to provide for their children. Research in the USA has shown that the programme has reduced child maltreatment (Olds, et al., 1998). The programme utilises four of the protective factors that have been noted here: financial stability, reduction in drug and alcohol use,

reducing parenting distress, and social support through visits carried out by the nurses. It therefore works to strengthen three of the protective factors, supporting adult relationships and helping to improve coping strategies could be other protective elements that could be targeted for strengthening.

The Triple P Positive Parenting Program, at the lower levels of the programme, aims to reduce behavioural difficulties of the children. Having a positive interaction with a child, lower parenting distress, and perceiving the child as less difficult have been identified as protective factors by this review and these may be enhanced by the reduction in behavioural difficulties. At the high levels of the programme, more intensive work with families, there is a focus on both the child and parents at this level with parents being offered an intervention on partner conflict, management of stress, and strategies to manage their emotions. These three intervention targets are identified as protective factors by this review and therefore this programme can be seen as working to strengthen protective factors. It does however suggest the importance of working with the parent's mental health by working with depression for example. This goes in contrast to the finding of Pears and Capaldi (2001) who concluded that mothers who were depressed and experienced PTSD symptoms were less likely to maltreat their children. This finding is of the highest quality amongst the papers reviewed here and therefore warrants consideration. However it contradicts current interventions and therefore might require further thought before application involving the weighing up of risks if these symptoms are left untreated, as would be the implication from this finding.

Limitations

There are some limitations and areas of note when drawing conclusions from this review. For example these papers, in general, are judged to be of a medium level of quality of research methodology. However, it must be acknowledged that the methodological standards used to rate these studies against are of a very high standard. Ertem et al., (2000) acknowledge that the standards are difficult to attain given the nature of the topic under investigation.

In addition to the methodological aspects of the studies highlighted by Ertem et al, some have grouped items under investigation into one phenomenon e.g., Travis & Combs-Orme, (2007). The grouping of items makes it difficult to judge the contribution of each item and indeed whether there is an interactive effect of some of the items that may magnify or reduce the overall measure of parental distress (e.g., the transmission of maltreatment across generations).

Also, there is a bias towards the generalisability of these findings. The majority of the data comes from the United States; little research has been carried out to explore the protective factors involved in the intergenerational cycle of child maltreatment in other parts of the world. Therefore, it is difficult to draw meaningful conclusions outside of the US.

Other limitations of the review include the grouping of findings according to Cicchetti and Lynch's (1993) model. Interpreting the findings according to these levels is subjective and it could be argued that findings could fit at different levels than they have been assigned to here. The author has placed these according to a judgement of best fit.

Future research

Further research could be carried out to investigate the protective factors that have been described here, both to explore their protective nature and to confirm their preventative quality. Further investigation into each level of the ecological/transactional model of community violence and child maltreatment (Cicchetti & Lynch, 1993) is warranted to explore all factors within each level. Particular attention needs to be given to the macrosystem remains largely unexplored.

Further research could also be carried to explore the father's role in the intergenerational cycle of child maltreatment as this area remains unexplored, and indeed this recommendation made by Langeland and Dijkstra (1995) seems to have not been explored since their review in 1995. Furthermore, Pears and Capaldi (2001) suggest exploring effect of having two parents within the family or a single parent, and the impact this might have on the cycle. Moreover, they point to exploring the effect of both parents having experienced childhood maltreatment on the cycle of transmission of violence.

Research could also be carried out using a continuum for the definitions of severity and frequency of child maltreatment as advocated by Newcomb and Locke (2001). Research reviewed here (Pears & Capaldi, 2001; Zuravin, et al., 1996) uses trichotomous definitions that make little sense clinically.

A deeper exploration of the models that have attempted to explain and predict child maltreatment might be suggested with the addition of protective factors into these models as at present they lack such aspects. This might give a more accurate model that could also be

applied more readily at a clinical level. In addition to understanding the nature of protective factors, it is important that professionals understand the process by which they interact in the intergenerational cycle of child maltreatment. Hillson and Kuiper (1994) describe what they call a third generation model: the stress and coping model of child maltreatment. They suggest that their model moves theory forward by exploring the mechanism through which risk and protective factors might interact to cause child maltreatment. Further exploration into this third generation model might produce a greater understanding of the process of intergenerational child maltreatment leading to improved prediction and prevention methods.

Conclusion

To conclude, the protective factors involved in the curtailment of intergenerational cycle of child maltreatment have been studied to a limited extent. The quality of the research methodology used to explore the issue is of a moderate level and therefore makes it difficult to draw any meaningful conclusions from the data. Moreover, a limited amount of factors that have been studied at the microsystem, exosystem, and macrosystem level. The protective factors of note, due to the quality of research methodology and consistency of findings, are: frequency and severity of parental childhood history of maltreatment, social support, use of fewer substances, having a coherent view of childhood experiences, and financial stability. There is a need for protective factors to be more explicitly used in screening and intervention programmes, and further exploration of these and other factors, for example the father's role, yet to be investigated.

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Empirical Paper

Strength in numbers: The lived experiences of siblings witnessing domestic violence.

Abstract

Background

This study aims to explore the role of sibling relationships in promoting resilience and well-being for young people who have been exposed to domestic violence.

Methods

Nine siblings were interviewed in four sibling groups and the data was analysed using Interpretive Phenomenological Analysis (IPA). Three super-ordinate themes were extracted from the data. These were:

‘Dad always did wrong:’ Making sense of domestic violence.

‘It’s usually the older ones that look after the little ones:’ Parentification.

‘We were always together in everything:’ The sibling bond.

Results

All the sibling groups had witnessed extreme violence between their parents but they were able to distance themselves from these events by placing responsibility firmly with the perpetrator (i.e. father/step-father). Themes of protection and comfort were dominant in the siblings’ accounts, especially for older siblings who positioned themselves in the parental role to ensure the safety and well-being of their younger brothers and sisters. The cohesive quality of the sibling relationships was evident throughout and this experience of closeness appeared to be fundamental in enabling the young people to withstand their experiences of family violence. However, once the siblings were living in a place of safety, their relationships began to fragment and individual goals took precedence over the needs of the group.

Conclusions

The young people engaged in this study all seemed to have drawn strength from their sibling relationship at a time of great family adversity. These findings indicate key resiliency factors in the sibling relationship and may usefully inform intervention and service planning.

Introduction

Background

Growing up in a violent household is an increasingly common experience for many young people (Department of Health, 2002). Witnessing domestic violence can have a detrimental impact on psychosocial development, both in the short and long term (Kitzmann, Gaylord, Holt, & Kenny, 2003). Some individuals may need to access mental health services for instance, or may go on to repeat the cycle of violence within their own adult families. However, there are some young people who are able to draw on a range of internal and external resources to buffer the negative effects of their early exposure to parental violence. With the growth of positive psychology there has been a renewed interest in identifying factors that can protect young people from the detrimental impact of early adversity ¹ (Masten & Obradović, 2006). The aim of this study is to explore the experiences of siblings exposed to domestic violence. Having an emotional bond with a brother or sister may bolster resiliency and help young people to continue on a positive developmental trajectory despite their exposure to family conflict and abuse.

In the United Kingdom domestic violence is defined by government agencies as "any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or ethnicity" (Mullender, 2004, page 1). Currently, there is much investment and work that goes into supporting women who experience domestic abuse (The

¹ Resilience is defined as withstanding and functioning adequately despite adversity (Masten & Obradović, 2006)

Home Office, 2008). However, services for children and young people are less well defined and resourced (Webb, Shankleman, Evans, & Brooks, 2001).

Impact of domestic violence on children and young people

Current statistics show that 750 000 children witness domestic violence a year (Department of Health, 2002). Witnessing parental violence can have a significant negative impact on children's development and psychosocial adjustment (Chan & Yeung, 2009; Holt, Buckley, & Whelan, 2008; Kitzmann, et al., 2003). Recent studies have shown that childhood exposure to parental violence increased the likelihood of a child displaying a range of emotional and behavioural difficulties, including Post Traumatic Stress Disorder (PTSD), depression, anxiety, conduct problems, academic under-achievement and social withdrawal (Chan & Yeung, 2009; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009).

The majority of research exploring young people's experiences of domestic violence has concentrated on identifying risk factors. However, some young people who have grown up in violent households seem to thrive despite their adverse circumstances. Martinez-Torteya et al., (2009) found that some pre-school aged children growing up with parental violence showed positive adaptation on measures of externalising (e.g. aggression, hyperactivity and non-compliance) and internalising behaviours (e.g. depression, anxiety and social-withdrawal). They attributed the differences between non-resilient and resilient children in their sample to child temperament and level of maternal depression. Resilient children were more easy-going and their mothers did not display any depressive symptomatology. However, the measures employed in this study were reliant on maternal self-report and may be subject to some degree of bias.

Siblings and domestic violence

Even less is known about the role of sibling groups who have witnessed domestic violence. The literature indicates that siblings' experiences and responses to what they have witnessed have little similarity (Buckley, Holt, & Whelan, 2007; Skopp, McDonald, Manke, & Jouriles, 2005). For example, young people from a sibling group who thought that they were more accountable or felt at risk of being harmed found it more difficult to adjust to their environment. This has implications for treatment as there may be underlying assumptions that siblings react in a similar way due to having the same experiences (Buckley, et al., 2007; Holt, et al., 2008; Skopp, et al., 2005). Siblings are often treated as a homogeneous group, with little regard given to individual differences and needs (Skopp, et al., 2005).

There is a growing body of research within the general developmental literature to suggest that sibling relationships can have a positive influence on adjustment, mood, and well-being of young people (Kim, McHale, Crouter, & Osgood, 2007). The beneficial impact of sibling relationships was particularly noted for the oldest sibling for siblings who grow up not witnessing domestic violence, as findings showed that the quality of sibling relationships was associated only with the older sibling's behaviours and awareness of other's emotions (Pike, Coldwell, & Dunn, 2005). Given this, it could be that sibling relationships are important in buffering the detrimental impact of witnessing domestic violence. Kramer (2004) suggests that sibling relationships and the influence that siblings have on each other could inform interventions and potentially improve outcomes. Additionally, having an understanding of

sibling groups' experiences of witnessing domestic violence may be useful in developing and delivering targeted services.

Rationale for the study

Only a limited number of studies in general have explored the views of children and young people on topics that concern them and their health and well-being (Darbyshire, Macdougall, & Schiller, 2005). Buckley et al., (2007) have sought the views of young people on the impact of domestic violence on themselves. Young people in this study talked about the fear they felt with respect to their own safety, and that of their siblings and mother. They also talked about the loss of their self-esteem due to feeling that they were 'different' in relation to their peers.

In the past, there has been an over-reliance on parental reports or professional case notes on the impact of domestic violence on young people. Evidence is beginning to emerge to suggest that children hold very different views to their parents and other adults about the impact of growing up with domestic violence. For example, compared to child reports, parents have been shown to under report adjustment difficulties and to overlook differences between siblings (Skopp, et al., 2005). Added to this, Sternberg, Lamb, Guterman, and Abbott (2006) found that parents and teachers were more accurate at reporting externalising behaviours of children who had witnessed domestic violence, but that children were more accurate in reporting their internalising difficulties. Given these differences, it seems important to acknowledge children and young people as experts on their own life experiences and to encourage their direct participation in research and intervention planning.

IPA provides a theoretical and analytical basis for this research because it allows for an exploration of the lived experiences of participants and provides insight into how they have perceived and made sense of their lives (Palmer, Lakin, de Visser, & Fadden, In press; Smith, 2004; Smith, Flowers, & Larkin, 2009). It allows children to be placed at the centre of the research and considers them to be in an expert position. However, taking a hermeneutic approach acknowledges the subjective nature of the experience. This subjectivity is further amplified by the researcher who applies their own interpretation to the participants' descriptions of the experiences of the participant (Smith, 2004; Smith, et al., 2009). IPA was chosen as opposed to other qualitative methodologies e.g. Grounded Theory or Discourse Analysis, as the aim of the study was to explore the idiographic nature of experiences of domestic violence for young people. These approaches would take the focus away from the content of their account and, in the case of Discourse Analysis, draw attention to the way participants constructed their account. If Grounded Theory were to be used generating a theory may be problematic as the topic under investigation might prove to make recruitment problematic and therefore constrain the collection of further data for the formation of theory (Smith, 2003; Smith, et al., 2009; Willig, 2007).

Aims

The main aims of this study were to explore the lived experiences of sibling groups who had witnessed domestic violence and to understand more about the role of their relationship in promoting resilience and well-being.

Method

Participants

Context. The use of sibling groups was a novel focus of this research and my intention was to interview them together to capture subtle aspects of the group dynamics. This type of data would have been lost in a series of individual interviews. Furthermore, Palmer et al., (In press) suggest that working with naturally occurring focus groups encourages and aids participants in talking about their experiences.

Recruitment Strategy. I initially approached a range of voluntary organisations specialising in work with families who had been subject to domestic violence. This included Women's Aid, the Malachi Trust, Jamma Umoja, and Welcare. Despite ethical approval and some initial expressions of interest, the project received a cautious reception from these organisations because of its focus on the young person's perspective. Specific concerns were expressed from the need to protect children from talking about and potentially reliving their experiences of family violence. As far as I know, no young people were consulted in this decision making process. My attempts to emphasise the positive and beneficial impact of taking a resiliency focus seemed to have little influence. For those organisations (Malachi Trust, Welcare, Woman's Aid) granting approval for the study to go ahead, Family Support Workers were given details of the inclusion criteria and the procedure. They then contacted families on their caseload. Sibling groups were approached but only one was recruited through this route. As a consequence, I contacted statutory Health and Children's Services (Social Care) departments to explore recruitment options, and after going through a formal Research & Development process, I was able to gather an opportunistic sample of young people who

were in the care of a West Midlands Local Authority. These young people were participating in a drama group producing a film about children growing up with domestic violence. Three sibling groups were approached through this route and they all agreed to take part in the study. Participants were identified according to the criteria outlined in Table 1.

Table 1: Inclusion criteria

Inclusion Criterion	Description
1	Siblings aged between 8 and 16 years. This age range was selected as other qualitative research studies had interviewed children within this range (Darbyshire, et al., 2005; Morgan, Gibbs, Maxwell, & Britten, 2002); and it was thought they would be cognitively and linguistically able to take an active part in the interview.
2	Siblings who were no longer witnessing domestic violence.
3	Siblings who had predominately witnessed parental conflict. Participants who had experienced other types of maltreatment e.g. physical maltreatment towards themselves were included as the sample was thought to be more representative of the population.
4	Full and half siblings were included as this was representative of the population.
5	Participants were of any ethnicity, race or religion.
6	Siblings proficient in English. This was prescribed as participants had to be able to take part in an interview that lasted approximately one hour.
7	Participants with physical disabilities or mental health problems were invited to take part.

Sample. A total of nine participants (four siblings groups) took part in the study. Each group comprised of the total number of siblings from that family who were willing and

available to take part. Demographic information was collected using a form completed by the interviewer (see Appendix VII). All participants accessed mainstream school and were white British, for further characteristics of participants see Table 2.

Table 2: Siblings demographics and back ground information

Sibling group	Participant	Age	Gender	Living with	Perpetrator of domestic violence	Reported physical maltreatment	Total number of siblings reported to be in the family
1	Teresa	11	Female	Foster carer	Biological father	Yes	5
	Veronica*	14	Female	Foster carer	Biological father	Yes	5
	Naomi*	14	Female	Foster carer	Biological father	Yes	5
2	Danni	14.5	Female	Mother	Step father	Yes	2
	Martin	12.5	Male	Mother	Step father	Yes	2
3	Joanne	10	Female	Foster carer	Biological father	Yes	4
	Chantelle	9	Female	Foster carer	Biological father	Yes	4
4	Catherine*	14	Female	Foster carer	Biological father	No	6
	Natasha*	14	Female	Foster carer	Biological father	No	6

*= twins

Four sibling groups was determined an adequate sample size as according to Smith (2004) a sample size of between five and ten was adequate for IPA. In fact he argued for even smaller samples as a way of focusing purely on one participant's experiences, and states that the method can only be applied to the level of detail that is required on a small sample.

Interview Schedule

A semi-structured interview was chosen as the method of data collection for this study as it allows for the interviewer to explore the ideas outlined in the research aims but also provides flexibility for participants to talk freely about the phenomena under investigation.

The interview schedule is presented in Appendix VIII. The questions were developed using a review of the literature, discussion with academic supervisors and clinicians in the field. The interview focused on exploring the positive aspects of having a sibling whilst witnessing domestic violence.

Additionally, a pilot interview, which was included in the final data set (interview one), was carried out to check the effect of the interviewer, whether the questions or prompts probed for the desired information, and how participants found the activities and answering the questions. This was recorded and transcribed for the interviewer and academic supervisor to review.

Procedure

Ethical approval for the study was granted by the School of Psychology, University of Birmingham (see Appendix IX). Research Governance was also sought from a West Midlands Children Service Department. In advance of the study, all potential participants and their parents/carers were given an information leaflet explaining the rationale and procedure (Appendix V). They were also informed of any potential risks of taking part, the safeguarding process and their right to withdraw. Issues relating to data storage and anonymity were also detailed.

At interview this information was reiterated to the participants and their parents/carers before they were asked to provide written consent (see Appendix VI). For participants who were under the care of the Local Authority, consent was sought from those who held parental responsibility. In the case of Danni and Martin, consent was sought from their mother (see Appendix X).

Interviews were arranged at an agreed location that was a safe, supportive, and comfortable for the young people taking part in the study. This was either a Health Centre or Children's Centre. Participants were accompanied by a parent/carer to ensure safety, however they stayed outside of the interview room whilst the interviews took place. Each sibling group was interviewed separately. The interviews lasted approximately 50 to 75 minutes.

Before beginning the interviews participants were asked to generate ground rules so that everyone felt comfortable about sharing their ideas (see Appendix VIII). They were written down and placed in the room so they could be referred to in the interview. Two activities were designed for use in the interview: an icebreaker activity and a drawing/writing activity (see Appendix VIII). This was to enable participants to relax and to begin exploring their experiences of growing up in a violent household. The interviews then took place and were recorded using digital audio equipment to aid transcription. Darbyshire et al., (2005) recommend a multi-method approach to increase participation and the quality of information that can be obtained.

At the end of the interview each sibling was given a £5 gift voucher and a debriefing sheet that provided contact details of the researcher, if they had any questions regarding the study, and gave sources of support, if they were distressed (see Appendix XI). Reimbursement for travel expenses was also offered to parents/carers.

Procedure for data analysis

A verbatim transcript was produced for each interview. Data analysis was then guided by Smith et al., (2009), with the steps described by Palmer et al., (In press) used as further guidance to analyse focus group data from an IPA perspective (see Table 3).

Table 3: Steps taken in data analysis

Step	Details of analysis undertaken
1	Reading and re-reading: Transcripts were read three times to obtain phenomenological data. Claims and concerns were noted in the margins of transcripts (see Appendix XII). Data was also gathered on: positionality, roles and relationships, organisations and systems, the stories told by participants, and the use of language (Palmer, et al., In press).
2	Interpretative phase I: The researcher sought the participants' own interpretation of their experiences from the transcript. Researcher made notes in the margin of transcripts where such data was found (see Appendix XII).
3	Emergent themes: The claims and concerns were then grouped into an emergent theme according to patterns noted in the data. This was done for each interview and a table drawn up to summarise the data for each emergent theme (see Appendix XIII) (Smith, et al., 2009).
4	Finding super-ordinate themes: Emergent themes that had been generated for each interview were looked at to establish similarities and differences in order to organise themes into super-ordinate themes. Super-ordinate themes were then checked by going back to the transcripts to ensure that they reflected the claims and concerns raised by the participants. Any themes that were not discussed in more than one of the transcripts and seemed inconsequential were not included (Smith, et al., 2009).
5	Interpretative phase II: The researcher explored each theme and interpreted the data using theories, models, and ideas from their own knowledge and experience.

Credibility and subjectivity

A reflective journal was kept throughout the study to keep track of researcher effects

or biases in the interviewing and analysis phases. The themes derived through analysis were also audited and authenticated by the academic supervisors and peer researchers who were invited to read the transcripts of the interviews and subsequent analysis. This was done to ensure the themes were valid and 'transparent' (Reid, Flowers, & Larkin, 2005).

It is important to acknowledge that within the analysis there is an inevitable interplay between the participant's: ideographic accounts, broader theoretical understanding, and my own subjective context and experiences. As a trainee clinical psychologist I had an existing level of professional knowledge and skills in relation to working with young people who have experienced distressing life events and mental health difficulties, this included those who had witnessed and been victims of domestic violence. Although this experience helped me to provide a degree of containment for the participants, I also had some expectations of how they may interact with me and what issues they may raise during the interviews. From a personal perspective, I am the youngest of three siblings and this research has prompted me to reflect on my own family relationships and what scripts I hold about the way siblings should interact with each other. I wonder how my own reactions to these terrifying stories impacted on my interaction with the participants. Also, my feelings of anger towards the fathers may have biased the analysis as my anger may have led me to emphasise the more horrific aspects of the siblings' experiences. All of these factors may have influenced my interpretation and presentation of the data to the extent that I may have interpreted the young people as coping well against the horrific behaviour of their father and the impacts of this implying the exceptional nature of these coping strategies. A less polarised view, less influenced by anger towards the father, may see the experiences as difficult and the siblings' coping strategies as adequate which may be helpful to others.

Results

Themes identified

Three super-ordinate themes have been identified (see Table 4) and these will be discussed below with supporting extracts from the young people's accounts.

Table 4: Super-ordinate themes and sub-themes

Super-ordinate theme	Sub-themes
'Dad always did wrong:' Making sense of domestic violence.	The behaviour of their father ²
	Experiencing the father's behaviour and its impacts
	Understanding the reasons for the violence
'It's usually the older ones that look after the little ones:' Parentification.	Protection
	Comfort and other aspects of the parental role
'We were always together in everything:' The sibling bond.	The special sibling bond precipitated by threat and violence
	Negotiating new identities and relationships in the wake of domestic violence

The themes cover the main commonalities and differences of experiences expressed by the four sibling groups who participated in the interviews. Wherever relevant, issues related to positionality of the participants, roles and relationships, systems and organisations, and the use of language are explored in the themes. In some instances, aspects of the theme were played out between the participants during the interview process and my observations are incorporated into the narrative account below.

² Father is used in the text to refer to both biological father and step-father.

‘He always did wrong’: Making sense of domestic violence.

The behaviour of their father. This theme encapsulates the participants’ attempts to share the nature of the domestic violence they were exposed to. All four sibling groups gave animated accounts of the violent behaviour of their fathers. They talked about witnessing physical attacks on family members, including their pets in one case, and for some being the victims of violent abuse.

They talked about the objects that were used to harm members of the family, for example: belt buckles, chairs, a pool cue, and knives. Twins, Natasha and Catherine described how they had been told about their father hitting their mother whilst she was pregnant, and Joanne reported that her father broke her arm.

Natasha and Catherine also saw their father as having abdicated any parental responsibility for meeting the needs of the family and managing to cut-off the only source of income by preventing their mother from working.

Catherine (Grp 4): Ermm, my mum worked, but he (father) didn't really let her (mother) get out to work. So like I think she got sacked or something and she obviously couldn't go to work anymore. And then like, we obviously needed money to pay for food and stuff, and he used to just lie around the house.

Natasha (Grp 4): Smoking dope.

Catherine (Grp 4): Yeah just smoking and drinking and that and then like. It's not right is it really you don't just leave the mum to look after them. You got responsibilities as

well and like ermm, I don't... He (father) didn't help at all really, he just like sat around doing nothing and my mum like, had to sell our things to buy us stuff, like new shoes and clothes and nothing.

The girls express a sense of injustice as they suggest that mothers and fathers should work together to provide. They also talk about having to sacrifice their own belongings for the good of the family. This reflects broader themes about the responsibility of parents to take care of their children that were shared amongst the participants.

The sibling groups shared a strong conviction that blame and responsibility for the violence rested with their fathers. As Veronica says, “My dad always did wrong.” This is interesting as being able to understand another person’s behaviour and internal states can be protective and makes the behaviour more fathomable (Fonagy & Target, 1997). This capacity to “read” another person’s intentions and internal motivations is known as reflective function (Rutter, 1999) and it has been shown to be a resiliency factor in young people who have been exposed to maltreatment and abuse (Schofield & Beek, 2005). The siblings offer little explanation regarding the motivations of their father’s violence and therefore it could be argued that the young people who participated in this study have focused more on establishing responsibility rather than understanding their father’s motivations. However, this may not be borne out of the data due to the data collection process focusing on surviving the violence and not their relationship with their father.

Experiencing the father's behaviour and its impacts. This theme encapsulates how the siblings' experienced of their father's behaviour and the consequences.

The violence is portrayed as unpredictable; happening in an instant with no apparent trigger. Danni's account provides an example of the frightening level of violence the sibling groups encountered with their families. She talks about how her brother Martin witnessed their step-father's attack.

Danni (Grp 2): No cause Martin saw him (step-father) trying to smother her (mother).
Smother her with a pillow.

In the quote below Naomi uses the example of her dog to illustrate the level of fear that she and her siblings encountered during regular bouts of parental conflict.

Naomi (Grp 1): Do you know what! And our pet dog used to get scared as well when mum and dad were arguing, coz my dog used to shake and he used to run up the stairs and hide.

The violence was so terrifying that the dog would visibly shake and run away to protect himself, mirroring the actions of the siblings who were also forced to hide away upstairs. As Veronica's account below indicates, the intensity of fear seems to have galvanised the family against the individual responsible for the violence.

Veronica (Grp1): Erm. What shall I say? Erm... was like my dad always doing wrong so all of us used to support our mum instead cause he used to hurt my mum and we didn't like it. And he used to hurt us, so none of us liked him so we all helped mum.

Here Veronica is not just describing the violence but she refers to a process where father's wrong doing unites the siblings around mum and generates a mutual dislike for him.

The degree of control exerted by the perpetrators over the young people was also a dominant theme amongst the sibling groups. This control extended to whereabouts, friendships, and even how much food was eaten. Naomi and Veronica talk about the isolating impact that their father's restrictions had on them and their mother.

Naomi (Grp 1): Coz I wasn't allowed to have mates in our school, coz our dad wouldn't like us having mates.

Veronica (Grp 1): He wouldn't like us bringing over friends or anything.

Naomi (Grp 1): And we wasn't allowed out after school, had to stay in the house all of the time.

Veronica (Grp 1): And my mum couldn't have any friends or anything, or see her mum or... could she? [LOOKS TO Naomi]

Naomi (Grp 1): She wasn't allowed to go to the shop unless my dad went with her.
[WHISPERS] I don't know why!

Here the girls talk about the controlling behaviour of their father and how this was wrong.

References to violence and control were commonplace in the siblings' descriptions of their

fathers' behaviour. This is in line with current theory on domestic violence in heterosexual relationships, with male perpetrators typically found to display both violence and a need to control (Johnson, 2006).

Understanding the reasons for the violence. Two of the sibling groups (group two and four) were clearly trying to make sense of the reasons for their father's abusive behaviours. In contrast, the others showed no evidence of trying to make sense of what had happened in their families. That said, attempts to find understanding were generally embedded with confusion and frustration. Here Danni struggles to understand how violence could erupt with little or no provocation.

Danni (Grp 2): I was just feeling like why's he doing it for, it's only over something stupid!

Danni and Natasha go on to attribute the cause of the violence to mental health difficulties.

Danni (Grp 2): And erm he (step-father) just watched us move stuff around.

Interviewer: And what was that like?

Danni (Grp 2): Weird, I think he's (step-father) got, erm I don't know what it's called
[SHORT PAUSE]

Interviewer: What?

Danni (Grp 2): Where you like move stuff into order and place. But I forgot what it's called I think it might be OCD or something like that?

Natasha (Grp 4): He's a maniac!

Natasha uses the word 'maniac' to describe her father. This is interesting as it conjures up images of someone who is often associated in popular culture with being mentally unbalanced. It seems clear that these siblings attribute the cause of their father's violence to his internal mental state, which might suggest that he had little control over his actions and may make his behaviour more bearable to some degree.

Both siblings groups, who try to make sense of the circumstances around the violence, demonstrated their confusion through the curious and uncertain stance in their language as demonstrated in the quotes below.

Catherine (Grp 4): He's (father), yeah it was like, quite a lot of Domestic Abuse and he (father) does deny it but...

Natasha (Grp 4): He's (father) not going to admit it, is he?

Catherine (Grp 4): We don't really know where Nan was then.

Natasha (Grp 4): She was down, I can't remember I was only little.

Catherine (Grp 4): She's lived in, she's lived in x for like, I don't know since we were young. I think she knew what were going on but obviously it's her son and she's not going to like [SHORT PAUSE] say anything.

Interviewer: So what's what's it like to kinda know that your Nan kinda knew stuff was happening but...

Catherine (Grp 4): The thing is like.

Natasha (Grp 4): I'm over it.

Catherine (Grp 4): We, I don't really know if she did but she was, she'd been there when [SHORT PAUSE] sometimes she'd been there when he'd said stuff to mum or like pushed her along and stuff.

Danni (Grp 2): Cause I like erm, and I said erm to mum, 'why did he (step-father) have to put us through it?'

Natasha and Catherine questioned themselves to check their opinion and also to seek reassurance from those around them. They also demonstrate their confusion and uncertainty of events as they talked about the fact they were young and therefore did not know what happened and who knew the circumstances of the violence.

In summary, this super-ordinate theme explored the violence that the siblings experienced and their meaning making. It is clear that responsibility is placed firmly with the perpetrator but for some, there is confusion and uncertainty about the underlying causes of the behaviour.

‘It’s usually the older ones that look after the little ones.’ Parentification: Protection and comfort.

Protection emerged as a dominant theme amongst all of the participants. Older siblings tended to position themselves within the ‘parental’ role, taking on responsibility for keeping their younger siblings safe and comforted. In response, the younger children showed a dependent neediness, relying on the physical and emotional support of their older sibling(s).

Protection. Protection took a number of forms within the interviews: protection of each other during the violence and the immediate aftermath; protection of those family members who perpetrated the violence or allowed it to continue; and protecting others from further harm through actively keeping the ‘family secret’ and not talking about the experience of domestic abuse.

All siblings described the efforts that they took to protect each other from witnessing the violence. Here Veronica describes how her older brother physically retaliated to defend their mother during the violence.

Natasha (Grp 4): He (brother) used to just go out cause... And then, cause he was a bit older, so he did know what was going on, he'd like hit him (father) back or something because to protect my mum, cause he's (brother) like that. Most lads are, aren't they?

It was clear that Natasha associates “fighting violence with violence” with gender roles. This was typical of most of the participants, who intimated that brothers were more likely to use violence to defend the family, whereas sisters were more likely to offer emotional comfort and support. This fits with typical gender stereotypes where males are active and aggressive, whereas females are nurturing and empathic.

The sibling groups talked about other ways they had tried to protect each other, such as: phoning the Police, or distracting dad from perpetrating any further violence. Veronica and Naomi recalled their experience of gathering up their pets and fleeing for safety.

Veronica (Grp 1): Yeah. Whenever like there was an argument we used to grab our rats and run upstairs. And the dog usually came up with us. We always used to get them away coz my dad used to kick the cage whenever he's angry.

Naomi (Grp 1): And it used to take our mind off things coz we used to just play with them.

Veronica (Grp 1): And then our mum used to come up and just stay in the room and lock dad out.

Veronica (Grp 1): I think before, coz we always stick up for each other, erm we'll always stick up for each other, coz I think we've always done it.

Here the mutual protection afforded by the sibling group is portrayed as a natural process that was part of daily living. Having siblings meant that these sisters were not alone and that they had someone else there to help them cope with what was happening. Natasha and Catherine express this through their attempt to imagine what it would be like to have been alone when violence erupted.

Natasha (Grp 4): Then you're not on your own like some kids just sitting there wondering what they're (parents) doing, at least you got...

Catherine (Grp 4): There were like four of us with like my brother so at least we weren't like, weren't on our own. Cause, if you're on your own you feel lonely and don't really know what to do, but cause we had each other like we sort of felt, [SHORT PAUSE] ahhh I don't know what it is, we sort of felt like [SHORT PAUSE] we weren't on our own.

Natasha (Grp 4): More comforted.

Catherine (Grp 4): Yeah, I felt comforted like.

Both Catharine and Natasha value practical and emotional support the sibling group offered them when exposed to parental conflict. There was a sense that if their sibling had not been present they would have felt lonely and would have not known how to act; having a sibling meant they felt comforted and were able to make sense of what they were witnessing.

In some circumstances external sources of support were also important for the sibling groups. The Police were seen as having an important role in bringing family violence to an end and bringing the 'guilty' to justice. Some of the siblings invested a great deal of trust in the police response. However, others expressed less confidence in the degree of protection that the Police can provide. This is aptly illustrated in Natasha and Catherine discussion below.

Natasha (Grp 4): Coz we were at the school, the school knew that my dad was hitting my mum. And they knew but once they'd been to the Police and everything... but obviously she (mum) was too scared to start off with coz he (father) kept saying, you go to the Police and I'll do this and that like. And ermm she (mother) told the Police but they just say that we haven't got no proof that he's (father) doing it, even though she (mother) had bruises but you could have got that from anywhere.

Interviewer: And how does that feel for you guys to know that?

Natasha (Grp 4): [INAUDIBLE] I'm angry and disgusted! They're (Police) meant to do something. That's why I hate the Police.

Catherine (Grp 4): They're (Police) supposed to protect people aren't they really?

These sisters felt let down and angry towards the Police for not providing them with the help as they had expected. This causes them to question the role of the Police in protecting the public and aroused strong emotions.

Danni talked about her decision to make a statement, with the help of the Police, in order to protect her family from further abuse and violence in the long-term.

Interviewer: How did it feel to do it, to make the statement?

Danni (Grp 2): I felt proud of myself.

Interviewer: You felt proud?

Danni (Grp 2): Yeah [LAUGHS] Cause errm like normally no one would wanna to do it.

Interviewer: Normally no one would want to do it?

Danni (Grp 2): No coz of what happened. I just felt well he's (step-father) done it so might as well just get [SHORT PAUSE] it over with.

Making a statement was a source of pride for Danni as she conquered her fear and managed to get a sense of closure. She also compares her actions to those she imagines of others. She

makes a social comparison suggesting that others would not make a statement and this makes her stand out from the crowd.

Danni's pride is slightly tarnished by her brother's decision not to make a statement and corroborate her evidence. Although she is angered by this, Danni tries to understand and excuse her brother's decision.

Danni (Grp 2): I was a bit angry because he (Martin) saw the most but can't help it if he's shy. It's the way he's been brought up... not to speak to strangers.

This is a good example of the protection siblings offered to various members of their family for their actions that siblings find hard to comprehend.

Comfort and other aspects of the parental role. Older siblings reportedly carried out many acts that demonstrate the comfort aspect of parental role, for instance they cheer them up when they were upset. Moreover, they ruminate regarding safety, for example, they worry about them and whether they would cope if they were not around, and they place the younger siblings' safety above their own whilst, at the same time, being aware of their own safety in order to continue looking after the younger siblings; sacrificial and responsibility laden aspects of the parental role.

Veronica (Grp 1): We always used to hide, me and Naomi always used to hide them (younger siblings) two first and hide ourselves. It was hard cause then we used to worry about them (younger siblings) a lot and what happened to them and stuff. And we was always last wasn't [LOOKS TO Naomi] we? Coz we would have to look out for them (younger siblings) then us.

Naomi (Grp 1): People could be thinking like if anything happened to them (older siblings) what would happen to the younger ones and how would they (younger siblings) cope with it and would they defend for themselves.

Naomi (Grp 1): I've just put, erm, we'd cheer them up when they was, when our brothers and sisters were upset and...

Veronica and Naomi give voice to their selflessness during exposure to intensely frightening parental violence. They unquestioningly carried the burden of responsibility for their younger, more vulnerable sibling and were prepared to sacrifice of their own personal safety to ensure their protection.

These roles were not only demonstrated in the content of their narrative but were also evident in the young people's behaviour during the interviews. For example, older siblings reassured the younger ones and encouraged their participation. Danni demonstrated particular care and

attention to her brother, Martin, as he found the interview process rather daunting and was reluctant to take part. He withdrew to the back of the room and sat with his coat zipped up, as if in a protective cocoon. Danni spent much of the interview helping me to understand his behaviour and tending to his needs; as only a mother would. She demonstrated skill in containing his feelings throughout the interview by providing verbal reassurance and giving him a comforting drink and biscuit. That said, the relationship became more adversarial and typical of siblings when Martin disagreed with Danni's recollection of events.

To summarise, older siblings provided containment for their younger brother/sister(s)' overwhelming emotions at times of great stress. As Bion (1990) suggests, these feelings could then be handed back to them in a less extreme and more manageable form, allowing vulnerable, younger siblings to feel comforted and nurtured. In the role of pseudo-parents, older siblings took on responsibly for care and protection of the younger ones at the expense of their own needs and safety. The next super-ordinate theme tracks the development of the sibling relationship through the domestic violence and beyond. It demonstrates how the siblings adjust once they move out of the shadow of violence.

‘We were always together in everything’: The sibling bond.

The sibling groups described the bond they shared during their exposure to domestic violence and reflected on changes to their relationships once they had moved away from the conflict into safety.

The special sibling bond precipitated by threat and violence. Siblings described the quality of their sibling relationship as being close; they were always together, they were inseparable, and they did not argue. They emphasised the importance of retaining close proximity throughout the violence. This sense of ‘togetherness’ is aptly described by Natasha, Catharine and Veronica below.

Natasha (Grp 4): Scary how close we (siblings) are!

Catherine (Grp 4): You always, you always used to keep together. We (siblings) were like [SHORT PAUSE]. You couldn’t separate us and ermm...

Natasha (Grp 4): You’re closer to them (siblings) than what you’d normally be.

Veronica (Grp 1): We (siblings) were always together in everything.

Here the close bond shared by the siblings is seen as atypical and potentially beyond the normal experience of children growing up in non-violent households. Their narrative is littered with plural pronouns (i.e. ‘we’ and ‘our’), which again highlights their togetherness and the strength in numbers derived during episodes of violence. The siblings also described the distraction, safety, security, and friendship that they obtained from their relationships. They would often play together, help their mum, and talk about the domestic violence. This is clearly described in the quotes from the following two sets of siblings.

Interviewer: What's it like to have your brothers?

Joanne (Grp 3): Erm, it's good.

Chantelle (Grp 3): Don't know.

Interviewer: Can you tell me more about that?

Joanne (Grp 3): Ermm. When erm. When me and my brother erm played.

Natasha (Grp 4): You're closer to them (siblings) than what you'd normally be. Cause you're spending more time into that and stuff.

Catherine (Grp 4): And like when it's happening like, we said like [SHORT PAUSE] it would bring us closer, cause like, we'd spend like a lot more time together and like...

Kinda try to drown out the noise of the arguing and we'd just like. Yeah we'd spend a lot of time together and play together and stuff.

Family cohesion has been implicated as a protective factor when children are exposed to risks. Families who have a sense of togetherness are more resilient to the adversity that they face (Patterson, 2002). Patterson (2002) also discussed the amount of togetherness that is required and concluded that this was dependant on what was needed by the family and whether they were all in agreement in their desired need for cohesion; where there is a mismatch this leads

to difficulties within the family and their ability to cope with adversity. The majority of the sibling groups here appear to have negotiated their way through their traumatic early experiences of parental conflict by being extraordinarily close and drawing strength from the group cohesion.

In contrast to the other groups' accounts of an unrelenting sibling bond, Danni expressed frustration and irritation with Martin's (brother) attempts to engage her in play when their parents were arguing.

Interviewer: Tell me about that, what what didn't he (Martin) do or what would you have liked him to do?

Danni (Grp 2): To get along with me because they (mother and stepfather) were always arguing so, probably cause mum and Kevin always used to argue. So it's probably why. Him (Martin) to just like [SHORT PAUSE] leave me alone because sometimes he just like erm messing around and it does my head in! It gets me stressed out! [MEDIUM PAUSE] Cause he'd (Martin) always like, I'm doing something, I don't know whether it's cause he's bored or... He always comes and annoys me! He wants me to play with him like Monopoly, which can get boring.

Although Danni clearly says she would prefer to get along with her brother, improving the relationship seems dependent on him allowing her more personal space and keeping out of the

way. At times, Martin's demands for attention and distraction appear to have overwhelmed his older sister.

Negotiating new identities and relationships in the wake of domestic violence. All of the sibling groups referred to changes in the quality of their relationships since they had left the violent situation. They were less close than they used to be and had developed greater independence. They play individually now, are in fewer classes at school together, and have fewer mutual friends and shared interests. Despite this they still valued time with their siblings and were determined to stay together. Below Naomi describes how things are different now.

Naomi (Grp 1): I think we was more close in the past than now, cause in the past we was always with each other, but now we're off like all the time with different mates and that.

Naomi starkly contrasts how things used to be with how they are now, which was a common theme amongst all the sibling groups. Teresa and Natasha take this description forward as they attempt to account for the changes they have experienced in their relationship.

Teresa (Grp 1): Yeah, it's different now, coz we're like older now and it's not happening now.

Natasha (Grp 4): It's a bit different now. We're in different sets for everything, except PE and stuff.

Teresa attributes change to growing up and a cessation in their exposure to parental violence, whereas Natasha refers to other environmental factors. Whatever the reasons may be, the need for these girls to turn to each other for protection and emotional containment is no longer as intense. It may be that the cognitive, emotional and behavioural energies channelled into keeping safe can now be directed towards age appropriate, adaptive activities. This seems evident in Catherine and Natasha's account of their developing network of friends.

Catherine (Grp 4): I do see you a lot though cause some of her friends we share like, we got some of the same friends and like but I don't like some of her friends and she doesn't like some of mine.

Natasha (Grp 4): Yeah you just ignore them. No but and then. But we're just in different sets. We see each other at school a bit but we never...

Catherine (Grp 4): We are. We're still close.

Natasha (Grp 4): We go our separate ways on weekends and stuff though.

Catherine (Grp 4): Yeah

Natasha (Grp 4): She goes off with her mates and I'll go off with my (mates.

Catherine (Grp 4): We are, we are still) close but we were a lot closer then.

Naomi (Grp 1): I think we was more close in the past than now, cause in the past we was always with each other but now we're off like all the time with different mates and that.

Veronica (Grp 1): I'm always with you now though and have the same friends.

Naomi (Grp 1): I got some of the same friends but I got some of my own friends as well.

Catherine and Veronica communicate their confused position in respect to the apparent change. Catherine and Veronica hear Natasha and Naomi's claims, but Natasha and Naomi seek independence from their relationship through highlighting the differences between them now. However, Catherine tries to draw Natasha back through pointing out the continued similarities that they have. The change in the nature of the relationship could be interpreted in terms of developmental stage. The siblings are starting to become independent from each other. The sibling relationships appear to be returning to that which resembles siblings who do not grow up witnessing domestic violence. They are returning to their own activities and interests, and to their own developmental trajectory. They relinquish their need to be hypervigilant for violence and their need to protect each other.

Discussion

This study employed IPA to investigate the lived experiences of siblings who had witnessed domestic violence. It focused predominantly on the support brothers and sisters afforded each other as they were growing up within the context of parental conflict, and as

such, it makes a significant contribution to the current literature on child maltreatment and domestic violence. Previous research in this area has largely relied on quantitative methods and has privileged the accounts of adults (i.e. parents and professionals) above those of children (Chan & Yeung, 2009; Holt, et al., 2008; Kitzmann, et al., 2003; Martinez-Torteya, et al., 2009). As there are differences in the accounts of adults and children (Skopp, et al., 2005; Sternberg, et al., 2006) it seems important to give a voice to young people to communicate their own experiences and views on what has helped them. Here the voices of the young people are dominant and point to the protective function of the sibling relationship during times of adversity.

All of the siblings groups I interviewed lived through extreme levels of conflict and violence between their parents. For example, witnessing their father attacking their mother with a pool cue, before attempting to smother her with a pillow. Without exception, the siblings viewed violent behaviour as unquestionably wrong and placed the blame firmly with the perpetrator; either father or step-father. Some of the siblings struggled to find reasons behind their father(s)' violence and resorted to explanations involving poor mental health or substance misuse, which may imply lack of personal control and make it easier for the children to tolerate what had happened in their families.

One of the dominant themes to emerge from research was the mutual protection that siblings exhibited towards each other. This was particularly evident for older siblings who took on and carried a heavy burden of responsibility. They actively sought to safeguard the well-being of their younger, more vulnerable siblings, at the expense of their own needs. There were a

number of accounts of older siblings putting themselves at risk to ensure their younger brother/sister(s) hidden away when violence erupted. In contrast, younger siblings took a more passive position, relying on their older brothers and sisters for safety and comfort. The security afforded by the older siblings extended to regulating and containing high levels of affect during the episodes of violence.

Indeed, the emotional closeness that emanated from the majority of the siblings was striking. This translated into their need to maintain physical proximity during the violence. They described how their shared experiences of adversity had brought them together and created a strong bond. For the siblings involved in this study, it seems the intensity of their relationship had an important role in buffering the effects of the domestic violence. The close bond that the siblings experience could be attributed to transferred excitation (Reisenzein, 1983) where the arousal created by the fear experienced during the violence could be transferred and exaggerate the feelings they have when with their siblings, resulting in the siblings misattributing the arousal they feel during the violence for the close intense bond they report to have with their siblings.

However, after moving on from the violence, their relationships generally seemed to fragment; transitioning from 'us' to 'I'. This may be indicative of the children feeling safe enough to follow their individual goals and may be more in keeping with sibling relationships in families where there has been no domestic violence. Having said this, the sibling bond was still plainly evident within the narrative, even though the individuals were developing some independence and a more separate sense of identity.

Despite the closeness of the sibling relationships described here, what is evident from this research is that the siblings do not necessarily experience domestic abuse in the same way. This is consistent with previous findings. For example, Buckley et al., (2007) and Skopp et al., (2005) showed that siblings had different experiences and reactions to domestic violence. Those who thought they were at greater risk of being harmed or those who took on responsibility for the violence found it more difficult to adjust after leaving the violent household. Likewise, the pseudo-parental role adopted by the older siblings in the current study may also expose them to additional stress and render them more vulnerable to emotional and behavioural difficulties in the future. Based on the accounts of young people in this study, it could be hypothesised that the sibling relationship may be more helpful in protecting younger siblings and hence bolster their resilience. However, for older siblings, the relationship may create additional stress and distress, and as a result, they may need more support in the aftermath of domestic violence. In contrast Pike et al., (2005) concluded that the impact of sibling relationships was more beneficial on the eldest for siblings who have not witnessed domestic violence.

The siblings' accounts also highlighted gender differences in the way young people respond to parental conflict, with brothers either entering into the violence or running away, and sisters adopting a more protective and nurturing role. Although these views follow typical cultural stereotypes, if they are transferable to other young people's experiences of growing up in violent households, they may suggest that males are more likely to either perpetuate the cycle of violence or escape from overwhelming feelings, while females have to cope with the

stress of safeguarding the family. This could have implications for gender specific adjustment in the aftermath of domestic violence and may suggest that interventions need to be tailored accordingly.

To summarise, this study has highlighted that siblings do not have the same experiences of domestic violence and as a consequence may require different forms of support or intervention. The siblings in this study responded to the violence according to their birth order and gender, and in the aftermath of violence they responded according to their developmental level. Further investigation of these aspects of the findings is warranted, given the limited number of participants in study, with attention paid to these aspects over time. Moreover, research could be carried out to explore the nature of the participants' relationships with their fathers and whether they are able to understand the motivations behind their father's violence.

Clinical implications

Despite the differences between siblings' responses to domestic violence suggested in these findings, treatment is currently offered with the underlying assumption that siblings have lived through the same experiences and they react as a homogeneous group (Buckley, et al., 2007; Holt, et al., 2008; Skopp, et al., 2005) . This has implications for treatment of young people, both in the content of interventions and service organisation.

Previous literature has suggested that exploring the role of sibling relationships could inform the interventions for young people who witness domestic violence (Kramer, 2004). The

findings from this study suggest that young people need protection and emotional support to process and adjust to their experiences once they are in a place of safety. Enhancing the strengths within the sibling groups should be seen as a key intervention point. This could involve helping siblings to explore both the positive and negative aspects of their relationships, enabling them to continue to draw support from each other, providing an opportunity to reflect on their lived experiences of domestic abuse and how they have helped each other to survive, and giving them permission and the skills to move on and develop as individuals and siblings. As well as looking at the group experience, individual differences also need to be assessed. Further consideration needs to be given to the roles young people have taken on within the sibling group, perhaps as a result of their age or gender. For example, older siblings may find it hard to relinquish their pseudo-parental responsibility, which may hamper their ability to engage at a developmentally appropriate psychosocial level. Equally, younger siblings may find it difficult to take on responsibility for and may struggle to adapt to the loss of their 'protector.'

At present treatment guidelines for young people who have been exposed to domestic violence suggest that interventions should explore emotions, help develop methods of protection and help seeking. Other objectives include, validating experiences, helping young people to understand the abuse, and reducing self blame (Mullender, 2004; Vickerman & Margolin, 2007). What is missing here is the role of the sibling group in providing protection and buffering distress. In order to fully engage siblings in a treatment process, services need to be delivered in a more flexible and creative way that can offer both an individual and group focus. Siblings could be encouraged to act as consultants to inform the way services are developed and delivered. Currently, services for young people who witness domestic violence

are under-developed and more research about what works well is required (Webb, et al., 2001).

Limitations of the study

Despite the importance of the findings described here, the limitations of the study warrant some discussion. One of the main problems was with the recruitment of participants resulting in a small sample size, and also the lack of brothers who took part. One brother's role during the violence was discussed and a further brother participated in the study to a limited extent. Therefore, the majority of the findings reflect a female perspective, and it should be held in mind that brothers and sisters may have very different experiences. Indeed, this was alluded to in some of the comments made by the participants with females taking a nurturing and protecting role, and males entering into the violence or running away.

Another limitation regarding the transferability (Smith, et al., 2009) of the findings relates not only to gender but also to the fact that the sample consisted of predominantly white, sisters who resided in foster care and attended mainstream schools. Attempts to recruit a more diverse and extensive sample met with some resistance from the organisations I approached. There was a great deal of reticence about sanctioning young people's participation in a study. Objections seem to centre on safeguarding concerns and an underlying fear that young people may be further distressed or traumatised by exploring their experiences of growing up with domestic violence. Anecdotally, young people themselves said they were very willing to talk about their lives and expressed a desire to help other children by contributing to this study.

Furthermore, regarding the transferability, it is important to note this is not a longitudinal study and therefore it cannot be assumed that these siblings who appear to be coping well will cope well in the future as the study has not explored the long term impact of their experiences on their well-being and relationships in later life. Therefore, although these participants can offer an insight into their experiences and how they have coped, which might inform interventions and support offered to young people in the future, caution should be taken as the long term effects of the experiences have not been explored by this study.

Interviewing individual sibling groups created the opportunity to gain an insight into the specific dynamics of their relationships. However, the presence of a sister or brother may have shaped some of the responses to the questions, especially if there was a sense of contravening family loyalties and family secrets. This may be evidenced from the roles siblings took in the interviews, with the older, more dominant siblings taking the lead in answering questions and offering their opinions, while the voices of the younger ones were less apparent. Moreover, the siblings were discussing experiences that they had in the past and also they could discuss their experiences with hindsight. For some participants some years had past since they witnessed domestic violence and their memory of exact events may have been weak or clouded by more recent events and experiences. If interviews had occurred closer to their experiences of violence a less distorted portrayal of their experiences may have been recorded. However, findings from other research data, as detailed above, may assist with strengthening the findings of this study.

The use of IPA to analyse focus group data has been questioned as it evolved as a means of exploring: ideographic accounts of individual experience (Palmer, et al., In press; Smith, et al., 2009). Its precedence in group analysis has yet to be established. Further use and analysis of other focus group data might inform the application of this approach to the data presented here, to provide further insight.

Due to time constraints there was no opportunity to ask participants to validate the themes generated in the analysis. Although I have endeavoured to support my commentary with extracts from the young people's narrative accounts, it would have been preferable to ask them to review my interpretations of their life experiences.

Future research

To my knowledge this study is the first to explore the lived experience of siblings in promoting resilience and well-being in the context of domestic violence. As this study is an initial exploration into this area, the conclusions are tentative and further investigation needs to be carried out into the role of siblings in this context.

The findings from this study do suggest that the sibling relationship may play a protective role in buffering young people from experiencing stress and distress. Future longitudinal, quantitative research could explore whether sibling relationships have a measurable effect on the psychosocial outcomes of young people growing up with domestic violence. This makes intuitive sense as previous studies have shown that witnessing domestic violence has an

impact on a child's emotional and behavioural development (Chan & Yeung, 2009; Holt, et al., 2008; Kitzmann, et al., 2003).

The role of age and gender in shaping young people's responses to domestic violence are also important areas for future qualitative and quantitative research. Equally, it may be useful to learn more about the process of adaptation that young people go through when growing up with parental conflict and violence. The young people in this study described initial periods of shock and surprise in response to the violence, before moving their focus to protecting each other. A further adjustment was required once they moved to a place of safety.

Understanding more about young people's experiences over time may help professionals to target interventions. For example, while there may be an urgency to provide protection and emotional support at the point that young people are actually experiencing violence within the family, if and when these environmental conditions change, the intervention focus may also require adjustment. On the basis of this study, it seems that young people need help once they have moved, to adjust to life without violence and to having the freedom to concentrate on developmentally appropriate activities.

Reflections

I was prompted to carry out this research as I had worked with families who have had lived through domestic violence and been inspired by the resiliency they demonstrated in the face of adversity. I have not personally experienced domestic violence and found it hard to imagine what daily life with violence must be like. At the beginning of this research study, I had preconceptions about the meaning of family based on my own relatively privileged

childhood. Meeting with the sibling groups has shown me a new dimension to what it means to be a brother or sister and given me greater insight into the depths of the sibling bond.

I felt privileged that the young people were sharing such intimate life experiences with me and found their stories extremely moving. I feel it is important to acknowledge that my own emotional reactions to their accounts may have influenced and shaped the analysis. Although my clinical training enabled me to hear and process accounts of traumatic experiences, it also presented me with challenges with respect to my positionality. When analysing the data I realised that I was biased in my wish to protect the young people in the interview from re-traumatisation, and I may have redirected conversation to steer it away from potentially distressing topics.

Conclusion

To conclude, this study explored the lived experiences of siblings who had been exposed to domestic violence. It focused particularly on the strengths that brothers and sisters draw from their relationships when faced with adversity. Young people in this study witnessed a frightening level of violence and abuse, and they themselves were often victims. Despite these experiences they viewed the violence as wrong and saw their father as responsible. During the witnessing of the violence older siblings adopted a parental position to protect, support, and comfort their younger siblings. This also brought a sense of responsibility and a degree of stress for older siblings. The close sibling bond had a protective function, buffering the young people against stress and distress arising from their experiences. However, these ties changed once the siblings were removed from the violent situation and

there focus moved from “us” to “I.” For some this represented a loss but in others it was a refreshing taste of freedom.

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PUBLIC DISSEMINATION DOCUMENT

Understanding how young people grow up well despite early childhood adversity

This report summarises two papers submitted as part of a thesis in fulfilment of the requirements for the degree of Doctor of Clinical Psychology, University of Birmingham.

An examination of protective factors in the intergenerational cycle of child maltreatment: A review of empirical research

This paper aims to review the literature that investigates the nature of protective factors that help to prevent a person, who has been maltreated in their own childhood, from maltreating their own children. Maltreatment can involve: physical harm to the child, e.g. being hit; and neglect where the child is not offered food or the care they need. Finally, sexual abuse where the most severe form of such abuse is sexual intercourse. The review is based on a previous review carried out by Langeland and Dijkstra (1995). It explores data that has been published since this was published, in 1995, to see how more recent data can add to the findings of the previous review.

The paper is structured using an ecological model of child maltreatment (Cicchetti & Lynch, 1993) that explores factors involved in the continuation of maltreatment across the generations. The factors in this model are grouped according to whether they are within the domain of the individual, close family, wider community, or society.

Papers that included data that looked at factors which prevent the recurrence of child maltreatment in the next generation were sought for the review. The findings of each paper were noted, along with the method used to gather the data. The quality of how the data was gathered was then assessed, using standards developed to judge the method (Ertem, Leventhal, & Dobbs, 2000). Each paper was scrutinised according to these standards and a

numerical rating scale was developed and applied in order to compare the methods used by each paper. From the scores that were given for each standard for each paper, it was possible to determine the ranked order to papers according to the quality of their method. Papers were then grouped into three categories: high, moderate, and low quality.

Ten papers were selected as they met the criteria for this review. The assessment of the quality of the methodology showed that eight studies were rated as moderate. Only two studies were rated at both extremes of the quality scale (low and high). The majority of studies tested factors at the individual level of the ecological model.

Factors at the individual level that prevent a parent from repeating the pattern of child maltreatment included the parent's mental health so that depression and Post Traumatic Stress Disorder (PTSD) were found to be protective. The number of times a parent was maltreated in their childhood, and the severity of this maltreatment, was important in determining whether these parents went on to maltreat their own children. Those who had been maltreated a fewer number of times and to a lesser extent were less likely to maltreat their children; therefore these factors can be viewed as protective. These factors fit at the close family level of the ecological model. If the childhood maltreatment of the parents was accompanied by consistent parenting then individuals were less likely to maltreat their own children. At the wider community level social support and income were found to be protective, so that those who received support from the community and who were financially secure maltreated their children to a lesser extent. No factors at the society level of the ecological model were investigated by the studies reviewed here.

The paper also discusses areas, within this field of study, that require more investigation so that a fuller picture of what stops someone from being maltreated in their childhood from maltreating their own children. Recommendations are also made for services working with families to help with more effective targeting of resources. For instance, assessments are carried out on families to see whether the children are at risk of harm. These assessments primarily focus on aspects of the parents and the family that look at what might lead a parent to maltreat a child. This study suggests that the factors that stop someone from maltreating might also be important in making a full assessment of risk for a child.

Empirical Paper

Strength in numbers: The lived experiences of siblings witnessing domestic violence.

This study aims to explore what it is like for young people growing up whilst witnessing violence between their parents. It also seeks to investigate how siblings help each other cope with these experiences so that they can move on from their experiences and not be affected by these experiences.

As this type of study has not been carried out before, a qualitative approach was taken to the study. This means that what the participants said about the topic under investigation was important to the study. The data that was collected comprised of the claims and concerns that the participants talked about. Hypotheses were not tested as there is no data published currently that has explored this area from which hypotheses can be suggested.

The study was analysed using Interpretive Phenomenological Analysis (IPA). This is a form of analysis that specifically looks at what it is like to experience a particular event; it then goes on to explore how participants make sense of what they have experienced. This approach to the analysis meets the intended aims of the study and was therefore applied to this data.

IPA is primarily used to analyse data generated through interviewing participants on an individual basis. This study sought to interview sibling groups as this allowed for data on what their relationships are like and their interactions to be collected. A new IPA approach to looking at data created by participants in a group setting was therefore used to analyse the data Palmer, Larkin, de Visser, & Fadden (In press).

Organisations that work with young people who have witnessed domestic violence were approached and asked if they knew of any siblings who would be willing to be interviewed. Siblings that were interested in taking part were told about the aims of the study, what they would be asked to do, and the risks of taking part. Those who agreed to take part were asked to read and sign a consent form to say that they knew about the study and consented to taking part.

Sibling groups were then interviewed at a venue that was considered to be safe, comfortable, and convenient to the participants. This tended to be a Health Centre. The interview was lead by the researcher who had a planned set of questions and activities. This plan was flexible to allow for siblings to talk freely about their experiences. The interviews were recorded so that it could be transcribed verbatim. Transcripts were then produced of the interviews and the author analysed the interviews using the guidelines created by Palmer et al., (In press).

The study found that this group of young people witnessed a frightening level of violence and abuse, which they viewed as wrong and placed responsibility with their father. During the witnessing of the violence older siblings adopted a parental role to protect and comfort their younger siblings, this highlighted the different responses and reactions siblings have towards their experiences. Siblings also described the cohesion and close bond that helped them to withstand these experiences. Siblings also talked about how their relationships changed when they moved away from the violence to safety to resemble relationships of siblings who have not witnessed domestic violence.

The findings of the study can help to inform the help and support that is currently offered to young people who have had these experiences. The paper explores how the findings can inform this work with particular attention paid to the importance of tailoring support offered to each sibling as an individual. This in contrast to current services that assume siblings have had similar experiences and therefore require similar support. Furthermore, the support offered to younger siblings by older siblings could help to inform the content of the support offered to young people in similar circumstances.

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Appendices to Volume I

Appendix I

List of search terms:

- 1) adolescen*
- 2) babies
- 3) baby
- 4) batter*
- 5) boy*
- 6) child*
- 7) girl*
- 8) infant*
- 9) teen*
- 10) young*
- 11) battered child syndrome
- 12) child maltreat
- 13) child neglect
- 14) cruelty
- 15) domestic violence
- 16) emotional maltreat
- 17) harm*
- 18) intimate partner violence
- 19) maltreat*
- 20) physical maltreat
- 21) sexual maltreat
- 22) trauma*
- 23) verbal maltreat
- 24) violence
- 25) coping behaviour
- 26) counsel*
- 27) experience*
- 28) intervention*
- 29) personality traits
- 30) prevention
- 31) program*
- 32) protective factors
- 33) psychological endurance
- 34) support*

35) therap*

36) treatment*

37) transgenerational patterns

Appendix II

Summary of the number of hits and number of included hits in the review for each search engine

Search engine	Number of hits	Number of included hits
Psychinfo Ovid	121	3
CSA	49	2
Web of Science	87	4
MEDLINE	41	0
CINAHL	19	2
EMBASE	23	0
Total	340	11

Appendix III

Data extraction tool

Study Title + authors

Origin

Participant information:

- Sample size
- Characteristics of population: age and gender

Inclusion criteria

Type of design

Comparison group

Outcome measures

Results

Appendix IV

Instructions to authors: Literature Review

Child Abuse Review

- .

Appendix V
Information Leaflet

What if there is a problem?

If you feel upset during or after the interview we will talk about it and find someone who can help you. 😊

Will my taking part in the study be kept confidential?



Yes any information about you that could mean that someone would know who it is will be kept private. However, if you say anything that could suggest you or others may be harmed in some way then this may have to be shared with someone who can help you or the other person. Before we do this we will talk to you about it.

Contact Details: If you would like any other information or if you have any questions please talk to:



Telephone number:

Email address:



Postal address:

Research Project



Looking at how brother(s) and/or
sister(s) support each other at times
when mum and dad do not get on?



We need you to take part – would you
like to take part?

What is the study about? We want to find out what it is like for you to have bother(s) and/or sister(s) around while you are growing up and mum and dad do not always get on. It is important for us to know this as other young people might have the same experiences to you and we need to



learn from you so that we can help them in the right way.

Why have I been chosen? You have been chosen because you were in contact with services that help families who have problems living together. Also, you have been chosen because you have a brother or sister who has been with you through this time.

Do I have to take part? If you do not want to take part it is ok.

What will happen to me if I take part? We will arrange a time to meet with you and your brother(s) and/or sister(s). It will take place at a place that is known to you. We will meet twice. At our first meeting we will talk and there will be some fun activities for one and a half hours. All that we say will be recorded by a digital recorder; this is because it is important for us to have an accurate copy of what you all say. At our second meeting I will show you what I have written about the time we met and what you have told me.

What do I have to do? We will do some activities that include drawing, writing and talking. We will then talk about being brother(s) and/or sister(s) when your family was not getting on.

Some people find it difficult to talk about their ideas and feelings in front of others. You do not have to talk about anything you do not want to talk

What are the possible disadvantages and risks of taking part? You may find it upsetting to talk with your brothers and sisters about the past. We will talk about the good parts of having a brother and/or sister and we hope that you will find the interview enjoyable. However, if you are upset on the day then you can talk to us on your own about this if you like. If you feel upset after the interview we can try to find other people who can talk with you.

All the information that you give us will stay with us and no one else will know what you have said. If you tell me that you or someone else might be hurt in some way then I will need to tell someone who will help you, this will be someone from the centre. I will try to let you know about it.

No one will know you took part in this if you do not want them to. No one will be able to tell who you are from anything I write because your name and school will be changed.

What are the possible benefits of taking part? We hope that you will find it helpful to talk about your experiences and ideas with your brother(s) and/or sister(s). We will do some fun activities, and it will help other people. As a thank you for taking part you will receive a £5 voucher from WHSmith.

What happens when the research study stops? After we have met together I will listen to the recording and type it up. I will talk about our meeting with other people who I work with, but I will not tell them your name.

The recordings will be destroyed, but the information I have typed up will be kept as a paper record and computer files. Paper records will be kept in a locked safe place for one year. Any computer files and the computer they are stored on will be protected by a password so that only I can read them. After the study has finished computer files will be kept under lock and key for five years; after this time they will be destroyed. I will be writing about what you and others say; I am interested in what is the same and what is different about what you all say. I will write it into a special report that will go in a special book. Also, I will share it with people I work with, who see families like yourselves, so they can learn from you and your experiences and help others.

Appendix VI

Child and Young Person's Consent Form

Research title: How do brother(s) and/or sister(s) support each other at times when mum and dad do not get on?

Name of Researcher: Katharine Mead

Name of young person:

Please tick boxes	
1. I agree that I have read the leaflet and know about the study that is looking at how brother(s) and sister(s) support each other at those times when mum and dad do not get on?	
2. I agree that I would like to talk to someone about how my brother(s) and/or sister(s) have supported me.	
3. I know that I have chosen to talk about my brother(s) and/or sister(s) who have supported me. I know that I can say that I would like to stop talking about them at any time and I do not have to tell anyone why I would like to stop.	
4. I am happy that what I say will be recorded by a digital recorder, which will be stored safely and my information will be kept private.	
5. I know that the recordings of the interview will be destroyed after they have been typed up and that my name will be changed. Any paper copies will be destroyed 1 year after the study and electronic copies will be stored for 5 years.	
6. I know that if I say that I might be hurt, or that someone else might be hurt in some way, then someone will be told who can help me; this may be someone from the centre.	

Participant's Name:

Date:

Signature:

Researcher's name:

Date:

Signature:

Please return this form to Katharine Mead or someone at the centre.

Thank you for your help.

Appendix VII

Demographics Questionnaire

About the participants.

Please tick or complete:

Child	1	2	3	4
Age				
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Ethnicity	<input type="radio"/> White British <input type="radio"/> White Other <input type="radio"/> Asian Indian <input type="radio"/> Asian Pakistani <input type="radio"/> Asian Bangladeshi <input type="radio"/> Asian Chinese <input type="radio"/> Asian Other <input type="radio"/> Black African <input type="radio"/> Black Caribbean <input type="radio"/> Black Other <input type="radio"/> Mixed (please state.....) <input type="radio"/> Other <input type="radio"/> If 'other' please specify:	<input type="radio"/> White British <input type="radio"/> White Other <input type="radio"/> Asian Indian <input type="radio"/> Asian Pakistani <input type="radio"/> Asian Bangladeshi <input type="radio"/> Asian Chinese <input type="radio"/> Asian Other <input type="radio"/> Black African <input type="radio"/> Black Caribbean <input type="radio"/> Black Other <input type="radio"/> Mixed (please state.....) <input type="radio"/> Other <input type="radio"/> If 'other' please specify:	<input type="radio"/> White British <input type="radio"/> White Other <input type="radio"/> Asian Indian <input type="radio"/> Asian Pakistani <input type="radio"/> Asian Bangladeshi <input type="radio"/> Asian Chinese <input type="radio"/> Asian Other <input type="radio"/> Black African <input type="radio"/> Black Caribbean <input type="radio"/> Black Other <input type="radio"/> Mixed (please state.....) <input type="radio"/> Other <input type="radio"/> If 'other' please specify:	<input type="radio"/> White British <input type="radio"/> White Other <input type="radio"/> Asian Indian <input type="radio"/> Asian Pakistani <input type="radio"/> Asian Bangladeshi <input type="radio"/> Asian Chinese <input type="radio"/> Asian Other <input type="radio"/> Black African <input type="radio"/> Black Caribbean <input type="radio"/> Black Other <input type="radio"/> Mixed (please state.....) <input type="radio"/> Other <input type="radio"/> If 'other' please specify:
School level	<input type="radio"/> Mainstream primary <input type="radio"/> Mainstream secondary <input type="radio"/> Special School <input type="radio"/> Private School	<input type="radio"/> Mainstream primary <input type="radio"/> Mainstream secondary <input type="radio"/> Special School <input type="radio"/> Private School	<input type="radio"/> Mainstream primary <input type="radio"/> Mainstream secondary <input type="radio"/> Special School <input type="radio"/> Private School	<input type="radio"/> Mainstream primary <input type="radio"/> Mainstream secondary <input type="radio"/> Special School <input type="radio"/> Private School

Are they participants in contact with Child and Adolescent Mental Health Services?

Yes/No

If so, why?

Do the participants have health concerns?

Yes/No

If so, what?

Appendix VIII

Interview Schedule

Introduction

“Today we are going to be talking about you and your brother(s) and /or sister(s) and what having brother(s) and /or sister(s) means to/is like for you.”

“First I would like to talk about how we will spend our time together. I would like to agree a few things together so that we can all feel safe and comfortable to share our ideas with each other. If it is ok with you I would like to write them down so that we can remember what we said and maybe look back at it if we need to.”

Set ground rules. For instance:

- To let others speak and not to talk over someone else.
- To see that someone else might have a different thought about something, or feel differently about something and that is ok.
- To tell me if you are feeling upset and we will talk together away from the group.
- All that we say today will be kept private; all your names will be changed.
- If you tell me that you or someone else might be hurt in some way, I will have to tell someone else so that I can get help for you or the other person. I will try to let you know that I will do that.
- I will ring you in two weeks time to check that you agree to let me use the ideas that you have given me so that I can share it with the people I work with so that others learn and may be able to help other brother(s) and sister(s) get on better.
- If at any time you would like to stop and not take part in talking to me that is ok, we will stop.

“I’d like to begin by asking you all to take part in an activity.”

Icebreaker activity

“To begin with I would like to ask you to have a look at the sheet and see whether you can tell from the pictures of these famous people, who are brother(s) and/or sister(s) and who are not. I am going to give you five minutes to have a look at these pictures and decide. Let’s see whether we can work them out!”

Question 1 – *“Tell me how you came into contact with (or why you first came to) the centre.”*

Additional prompts: - One reason why some people come to know the centre is because their mum and dad do not get along sometimes. Can you tell me about that in your family? What it was about your family that brought you into contact with the centre.

Question 2 – *“I was wondering what it is like for most brothers and sisters when mum and dad do not get on, can you tell me something about that?”*

Additional prompts: - What have you learned about what it is like for other young people who have grown up in a family where mum and dad sometimes do not get on? What is hard for them? What is easy for them?

Question 3 - Drawing or piece of writing (What was it like for you having brother(s) and/or sister(s) in the past when mum and dad sometimes do not get along, and what it is like now?)

“Now I would like to ask about your family. I am now going to give you all a piece of paper for you to draw/ write on. I would like you to draw or write about what it was like to have brother(s) and/or sister(s) when sometimes mum and dad do not get along. Then I would like you to write/draw about what it is like now. I’ve spilt the page in half for you so that you can draw or write what it was like before on one side and on the other what it was like now.”

“I’m going to make this activity a little more of a challenge because I am going to ask you to complete it against the clock! We will have ten minutes; I will tell you when the ten minutes is up. Are you ready? I’m going to start the clock... now! Start drawing or writing!”

“The time has run out! All of your pictures look really good/you’ve written a lot well done. Ok now we can have a short discussion about what each of you has produced? Can you each tell me a little bit about what you have written/drawn?”

Question 4 – *“Tell me about what it was like to have brother(s) and/or sister(s) whilst your parents were not getting on.”*

Additional prompts: - What was good about having brother(s) and/or sister(s) at that time? What was challenging about having brother(s) and/or sister(s) at that time? Is there anything about having a brother or sister that helps you deal with difficult things? What helped you get through the experience/move on? What stopped you from moving on from the experience? What do you get out of having brother(s)/sister(s) in your life? What support has been most helpful and why?

Question 5 – *“Tell me what it is like to have brother(s) and/or sister(s) now.”*

Additional prompts: - What is good about having brother(s) and/or sister(s)? What is challenging about having brother(s) and/or sister(s)? Is there anything about having a brother or a sister that helps you deal with difficult things? What helps you get through the experience/move on? What stops you from moving on from the experience?

Question 6 – *“Is there anything that parents should know? If so, what is it that they should know?”*

Additional prompts: - What do parents need to know in order to help their children when they are not getting on?

Question 7 – *“Is there anything that we have not talked about today that you feel would be important for me to know about brothers and sisters? Tell me about what we have not talked about that you feel might be important for me to know.”*

Question 8 – *“How well did you think that went? How did you find talking about your brother(s) and/or sister(s), and your experiences? What was easy about it? What was hard about it? How do you feel now?”*

Young people to be provided with a debrief sheet; mother/carer to be made aware of it too; vouchers to be given to the young people for participating.

“Thank you for your time”

Appendix IX

Letter of approval of ethics application

Appendix X

Carer's Consent Form

Research title: How do brother(s) and/or sister(s) support each other at times when mum and dad do not get on?

Name of Researcher: Katharine Mead

Name of young person:

Please tick boxes	
1. I confirm that I have read and understood the information sheet for the above study.	
2. I agree that my children can take part in the above study.	
3. I consent for the research interviews, with my children, to be audio taped and I understand that the recordings will be destroyed after they have been transcribed.	
4. I understand that all transcripts will be stored safely for 5 years and any information that could identify us will be changed.	
5. I am happy for quotations from the interview with my children to be used in the write-up of the project and for them to be published by the researcher. I understand that the quotes will be anonymous and not traceable to me or my children.	
6. I understand that participation in the research is voluntary and that my children can withdraw from the study at any point up until the publication of study. After this point, if we have agreed, my children's information cannot be removed from the study.	
7. I understand that if we withdraw from the study this will have no effect on other services we receive.	

Carer/Parent's name: Date: Signature:

Researcher's name: Date: Signature:

Please return this form and your child's completed consent form to Katharine Mead or the centre.


Thank you for your help.

Appendix XI

De-briefing sheet

Thank you for talking to me about how your brother(s) and/or sister(s) have helped you when you were growing up and when mum and dad did not always get on. 😊

Aims

I wanted to find out about what it is like to have brother(s) and/or sister(s) at those times when mum and dad do not get on. 

We have been talking about how you get on with your brother(s) and/or sister(s), and how you have dealt with the hard times. Also, we have been talking about how you came to know the centre.

I want to use the information that you have shared with me to help other young people who have grown up in a family where their parents do not always get on.

After the interview

I hope that you have not been upset by what we have talked about. If you do feel upset please talk to your mother/carer someone from the centre. If you need to speak to someone else you may find that there are people who can help you if you call any of these numbers or look at their website:



1) ChildLine. Tel no.: 0800 1111

2) Samaritans. Tel no.: 08457 90 90 90

3) NSPCC. Tel no.: 0808 800 5000

4) The hideout : www.thehideout.org.uk

5) NHS Direct. Tel no.: 0845 46 47

If your mother/carer has felt upset because of the things we have talked about they can talk to:

1) Samaritans. Tel no.: 08457 90 90 90

2) NHS Direct. Tel no.: 0845 4647

3) Your GP.

After we have spoken.

It is ok to say that you do not want to take part in this work. If you do this everything that you have told me will be removed from my study. You can tell me that you would not like me to take part up until the work is shared to other people who work with children who have had the similar things happen to them. After this point I will not be able to remove your ideas from the study. Remember, I will not tell people who you are.

Thank you once again for taking part.

Appendix XII

Worked example of IPA

Claims and concerns	Transcript	Interpretative Phase I
Restrictions	<p>Naomi: And I've only put restrictions. You said we had restrictions then...</p> <p><i>Interviewer: Restrictions? Is that in the past?</i></p> <p>Naomi: Yeah.</p> <p><i>Interviewer: Do you wanna tell me a bit more about that?</i></p>	
Control – not allowed mates at school. Dad wouldn't like us having mates. Language – 'wasn't allowed' 'our dad'.	<p>Naomi: Cause I wasn't allowed to have mates in our school cause our dad wouldn't like us having mates.</p>	
Positionality – Veronica validates Naomi's claim. Dad wouldn't like us bringing friends over.	<p>Veronica: He wouldn't like us bringing over friends or anything.</p> <p><i>Interviewer: Hmm. So (what</i></p>	
Weren't allowed out after school, had to stay in the house all the time.	<p>Naomi: and we) wasn't allowed out after school, had to stay in the house all of the time.</p>	
Mum wasn't allowed to have friends either.	<p>Veronica: And my mum couldn't have any friends or anything, or see her mum or... could she [LOOKS TO Naomi]</p>	
Positionality – looks to support from siblings.	<p>Naomi: She wasn't allowed to go to the shop unless my dad went with her.</p>	
Mum wasn't allowed out to the shops.	<p>[WHISPERS] I don't know why!</p> <p><i>Interviewer: So what sort of, what did not being allowed to have friends,</i></p>	<p>Naomi trying to make sense of why her mother was not allowed out to the shops – isn't able to make sense of it – confusion, disbelief, frustration.</p>

	<i>what sort of things did you do instead?</i>	
Stayed together because not allowed friends.	Naomi: Well, us two just stayed together.	Being in this situation has meant that they are closer, are together for the majority of the time, and protect each other
Youngest stayed with mum and helped her – togetherness.	Teresa: I just played didn't I? I probably stayed with mum and stuff and helped her.	
Oldest stayed together and went to see the youngest one. Imperative tense.	Veronica: And when we were in primary school we always used to stay together and go and see Teresa cause you'd be in a different part of the playground.	
Interviewer summarising what they have said.	<i>Interviewer: Hmm. So it sounds like you kind of spent more time together and kinda went to find each other is that right? Or tell me if I'm wrong [SHORT PAUSE].</i>	
Interviewer steering the conversation.	Veronica and Naomi: Yeah	Their sibling relationship has moved on because of being older, having more friends and not witnessing the domestic violence.
Older now and they are not witnessing domestic violence so their relationship is different now. Use of present tense. We've also got loads of mates	<i>Interviewer: Yeah, yeah. What's it like now, is it any different?</i>	
	Teresa: Yeah, it's different now, cause we're like older now and it's not happening now.	
	Veronica: And we've got loads of mates.	

Appendix XIII

Emergent Themes

1. Emergent Theme: You're closer to them than what you'd normally be. - Togetherness

Sense of team work- 'I don't know that but you know it, you don't know that but I know it.'
Sense of being able to compensate for each other and communicating that they don't need to worry because between them they can do anything.

They say they are very close, to the point that it is quite frightening how close they are.

When witnessing the violence they liked having each other because they were not on their own, they did not feel lonely or think that they did not know what to do; safety in numbers.

Having others there made them feel comforted. They also distracted each other e.g. tick each other, playing, jumping on the bunk beds.

Can't separate them,

When at a new school they would stick together too because they did not know each other, safety of being together.

Use to help out mum too.

They are closer than what they would normally be; this is because they have spent more time together because of what happened.

It's best to keep siblings together if they need to go into care because they will find it hard if they can't be together. If they are split up they will feel even more alone.

Thought of being on a different team - togetherness - teamwork - you might hurt him; you can't be in opposition to your sibling! What might that mean? Would it mean you weren't together? But we've always been together!

They are wanting to communicate that it is very important to have siblings because you would feel very isolated and not know what to do in the scenario of witnessing domestic violence

Quotes:

- 236 – Natasha: Oh my god I couldn't do that play against you're brother you might end up kicking him!
- 741 – Natasha: Scary how close we are.
- 808 – Interviewer: *So if you had to tell someone what it was like to have a sister then, what would you say? Would you say it was a good thing to have a brother and a sister or would you say?* Natasha: Yeah. Catherine: Yeah, Natasha: Then you're not on your own like I were some kids just sitting there wondering what they're doing, at least you got. Catherine: There were like four of us with like my brother so at least we weren't like, weren't on our own. Interviewer: *Mmm mm. What, what was it about not being on your own that was helpful?* Natasha: (Well if you Catherine: Cause) if you're on own you feel lonely and don't really know what to do but cause we had each other like we sort of felt, [SHORT PAUSE] ahhh I don't know what it is, we sort of felt like [SHORT PAUSE] we weren't on our own. 1. More comforted. Catherine: Yeah, I felt comforted like.
- 824 – Natasha: Like we said we'd just start playing or something or. Catherine: Tickling each other or jumping on the bunk beds
- 981 – Catherine: You always, you always used to keep together we were like, [SHORT PASUE] you couldn't separate us and ermm.
- 1135 - we all just used to help out and if my mum was a bit tired, cause having twins tires you out don't it and then
- 1166 - *What, what do you think it's important for them to know about your relationships that you have with your brothers and your sisters?* Natasha: You're closer to them than what you'd normally be. Interviewer: *Yeah.* Natasha: Cause you're spending more time into that and stuff Interviewer: *Mmmm.* Catherine: And like when it's happening like we said like [SHORT PAUSE] it would bring us closer cause like we'd spend like a lot more time together and like

<ul style="list-style-type: none"> - 1181 – <i>Interviewer: But what do you think that parents or or grown ups would need to know in order to help you through that?</i> Natasha: Don't split anyone up. Catherine: Yeah it's probably best to keep us together. Natasha: Cause when people go through Domestic Abuse and then sounds like they've got a big family cause like and there's like say four or five of them and they come into care or (something, Catherine: they're gonna like find it hard) - 1190 - : Natasha: So like it's not nice like to split everyone up because then they'll feel even more alone and everything than they would have done with their sisters. 			
<p>2. Positionality</p> <p>Both agree that they are closer than what they would imagine they would be like if they hadn't experienced what they did. Being together is important to them and has been very important to the point where they would have had a very different experience if they weren't together. Express how that togetherness has been helpful and what they have done together.</p> <p><i>Facilitator role</i></p> <p>a. Tries to draw out more information – (366 – 368) <i>Interviewer: Can you tell me a bit more about that?</i> 1. What's to tell? <i>Interviewer: Is there anything else to tell?</i> (1141) <i>Interviewer: Umm hmm. But what do you think that they would need to know in order to kinda help you more.</i></p> <p><i>Statement functions</i></p> <p>Validating each other and adding to what the other has brought to the conversation. Or assisting when one did not know how to express their point.</p>			
3. Roles and relationships	4. Organisations and Systems	5. Stories	6. Language
	<p><i>Social Services</i> (381 – 383)</p> <ul style="list-style-type: none"> - <i>What roles are described?</i> - They get involved, it's their job, they weren't happy with us having contact with mum (381) (they get to make decisions). (1196) arrange and know about foster care. - <i>What meanings and expectations are attached to these relationships?</i> (1196) we're grateful a family that could take us all was found. - <i>What are the consequences</i> (1196) a little more respect for social workers. 		'comforted' strange word to use, but
			Use of 'us' 'we'
			Sense of shock when realised that people play on opposition teams to their siblings 'oh my god' emphasises her

			<p>shock that that was possible, maybe it had never entered her mind that people would do this as her experience of having siblings is so different that that would be impossible – sense of realisation that not everyone had the sibling relationships they had.</p>
			<p>2. Like just basically just keep us together – all that needs to be done (the basics) is to keep us together and we can do the rest, nothing else fancy is required.</p>
			<p>Use of ‘scary’ to define how close they are, to emphasise their closeness. Another quote stresses that it is not normal the degree to which they are close.</p>
			<p>2. You always, you always used to keep together we were like, [SHORT PASUE] you couldn't separate us and ermm.</p>

Appendix XIV

Instructions to Authors: Empirical Paper

Journal of Family Therapy